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ABSTRACT

This curriculum offers lesson plans for 5 hours of Acquired Immune Deficiency Syndrome (AIDS) education instruction for high school and young adult students of English-as-a-Second Language (ESL). It helps students develop English language skills while it helps them understand the AIDS risk factors. The curriculum is designed to help cope with the social pressures that might lead to behaviors that could put them at risk for HIV infection. Each lesson incorporates specific AIDS education and ESL objectives and develops the critical thinking, reading, writing, listening, and speaking skills at the core of every sound ESL program. Copy-ready background materials, exercises, and activities are provided for each lesson. Appendixes include supplementary exercises and handouts, a copy of the Teachers of English to Speakers of Other Languages (TESOL) resolution on AIDs, and an international AIDS resource list with addresses and telephone numbers. (Author/NAV)

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ED 391 376

It's Up to Us

An AIDS Education Curriculum

For ESL Students

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It's Up to Us

An AIDS Education Curriculum For ESL Students

Henry Lesnick

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Preface and Acknowledgements

Language minority populations in English dominant countries have proven to be particularly vulnerable to HIV infection, in part, because of their limited access to mainstream, English language AIDS education programs. This problem has been acknowledged by the U.S. Centers for Disease Control in its call to develop AIDS education programs for people for whom English is not their primary language (*Guidelines for Effective School Health Education to Prevent the Spread of AIDS, 1988*), and by the international Teachers of English as a Second or Other Language (TESOL) in its *AIDS Education Resolution* (1992). The present curriculum speaks specifically to this need.

This curriculum utilizes insights and materials developed in response to the recent research and experiences of AIDS educators working with English dominant students. It is very much indebted to the work of these health professionals, as well to the efforts of the growing number of English as a Second Language (ESL) colleagues working to bring AIDS education into the classrooms and communities of language minority populations.

In particular I want to acknowledge indebtedness to the work in health education program development and assessment of Peggy Brick, Douglas Kirby, and R.P. Barth.

Many ESL educators working with TESOL have helped to develop awareness of the need to bring AIDS education to ESL learners throughout the world. They include the late Scott Enright, John Dryer, Barbara Martinez, Jean Handscombe, Mary Lou McCloskey, Ernest Hall, and Elizabeth England.

Literally dozens of colleagues working at Hostos Community College of the City University of New York to integrate AIDS education into the ESL instructional program have, through their experiences and insights, contributed to the development of this curriculum. The research of my colleague, Francis Singh, who rediscovered the historical precedents for the relationship between ESL instruction and health education, has been very helpful in establishing the pedagogic legitimacy of AIDS education work with current ESL learners. I also want to thank Hostos College President, Isaura Santiago Santiago, and the Dean of Academic Affairs, Carlos Acevedo for their ongoing support of this work, Dr. Marcos Charles for his review of the curriculum draft, and the City University of New York and the union of CUNY faculty and staff, the Professional Staff Congress (AFT), for the research grant that hastened completion of the project.

Debbie Doherty of the National AIDS Clearinghouse of the U.S. Centers for Disease Control (CDC) helped put together the list of U.S. and international resources included in the Appendix. Pomeroy Sinnock of the CDC has provided continued support for this work, directing us to materials and resources early on, and, more recently, reviewing the accuracy of the final draft of the text.

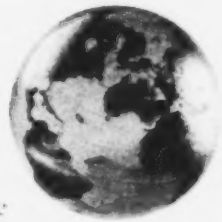
Alice Brower Andrews' toil and critical intelligence given to this project in her capacity as research assistant have been crucial to its progress at every turn—long after the meager funding for her work was exhausted. Melanie Roher's drawings and design contribute significantly to rendering a mass of otherwise daunting text inviting and, we hope, useful.

H.L.

Bronx, N.Y.,
June, 1995

Introduction

This curriculum provides lessons for five hours of acquired immunodeficiency syndrome (AIDS) education instruction for high school aged and young adult students of English as a Second Language (ESL). The curriculum helps students develop English language skills as it helps them understand AIDS risk factors. It helps them develop skills to cope with social pressures that might lead to behaviors that would put them at risk for HIV infection, and it helps them make decisions that will preserve their health and the health of their families and communities. Each lesson incorporates specific AIDS education and ESL objectives and develops the critical thinking, reading, writing, listening, and speaking skills at the core of every sound ESL program. Copy-ready background materials, exercises, and activities are provided for each lesson.



According to the World Health Organization, half of the 14 million people with human immunodeficiency virus (HIV) worldwide were infected between the ages of 15 and 24, the majority through unprotected heterosexual intercourse (*Pediatrics*, January 1995). In the U.S., teenagers have the highest rates of sexually transmitted diseases (STDs), with females between 15 and 19 years of age having a rate of gonorrhea 22 times that of women 30 and over (*Morbidity and Mortality Weekly Report*, August 13, 1993). As HIV becomes more widespread among teenagers and young adults, the chances of a person in this age group having an infected sexual partner from whom the virus may be transmitted will continue to increase.

The need for an AIDS education curriculum for ESL students in this age group is recognized by the international organization of Teachers of English as a Second or Other Language (TESOL). The TESOL organization declared at a recent conference that, 1) "language minority people in countries where English is the dominant language are less well-informed about and more vulnerable to AIDS because they are linguistically and economically more removed from mainstream AIDS education programs, 2) education is presently the only defense against HIV infection, and 3) integration of AIDS education into the ESOL curriculum can enhance our students' language learning experience by providing them content-rich language instruction essential to the preservation of their health and the health of their communities." Therefore, the TESOL organization has resolved to make integration of AIDS education into the ESOL curriculum an organizational priority (TESOL Resolution to Promote AIDS Education Through Content-Based ESOL Instruction, Appendix II).

Whenever possible, AIDS education is best presented in a student's native language by specially trained health education instructors. However, very often, ESL learners don't have the opportunity to receive AIDS education in a setting that can provide them this health education in their native language. Only a handful of HIV curricula used in public schools in English dominant countries have been translated into ESL students' native languages. Adult education students, out of school youth, employees receiving work-site instruction, and many students in settings with limited instructional resources may find in their ESL instruction the only opportunity for any kind of intelligible AIDS prevention education.

Dating back to the TB epidemic in the U.S. at the beginning of the twentieth century, the ESL program has been the medium for orienting immigrant students to their new country and to solutions to the health problems they encounter in their new surroundings (Singh, *College ESL*, May, 1992). ESL students see their teacher as a major source of information about life in their new country. The ESL teacher is a trusted guide to the unfamiliar territory of the new country's values, customs, and health hazards, as well as to its language.

The integration of AIDS education into the ESL program can provide an empowering experience. AIDS education enables our students to understand and to exercise control over a part of their world that would otherwise remain dangerous and frightening. To the extent this understanding is achieved through ESL instruction, this instruction assumes greater value.

Many forces exist beyond the reach of the ESL classroom that influence the individual behavior by which HIV is spread, such as biological drives, religious beliefs, community norms, and socioeconomic forces. Underdevelopment, unemployment, poverty, and illiteracy are directly associated with lack of access to adequate health education and health care, which in turn contributes to greater incidence of disease. Political leaders, whether because of simple indifference or fear that acknowledging the existence of the AIDS epidemic among their constituents might damage their image or that of their community, are often slow to speak out in the fight against AIDS. The people most vulnerable to HIV are usually the people whose voices are most often inaudible in the debate over how society's resources should be appropriated. Television bombards us with hundreds of images throughout the day which promote sex with every soap opera and beer commercial, while in the two countries in the western hemisphere where the AIDS epidemic is most devastating, the U.S. and Brazil, there is a total ban on network television advertising of condoms. These factors have a powerful influence on individual behavior and on the overall shape of the AIDS epidemic worldwide and may not be immediately or significantly altered by our work in the ESL classroom.

However, we can help our students better understand the ways in which these larger forces influence the AIDS epidemic and its impact on our communities. The curriculum suggests strategies and provides activities that enable students to address these forces and to exercise some degree of control over some of them.

The ESL instructor does not need to be an AIDS expert. The curriculum focuses on a very few simple concepts necessary to an understanding of HIV/AIDS and the safe behaviors that protect us from HIV infection:

HIV IS ONLY TRANSMITTED THROUGH BODILY FLUIDS EXCHANGED IN

a) sexual intercourse (vaginal, anal, and oral);

b) sharing needles that come in contact with blood, as in injecting drug use;

c) the birth process, breast feeding, or during pregnancy — if the mother is infected, the virus may be passed to her fetus or infant;

d) by transfusion of infected blood (though this is highly unlikely since screening of the blood supply began).

AIDS IS NOT "A GAY DISEASE"

Any person exposed to contaminated bodily fluids may become infected. (The largest group of people in the world infected with HIV are married women.)

BECAUSE AIDS HAS A LONG INCUBATION PERIOD—SOMETIMES 5 TO 10 YEARS OR MORE AFTER INFECTION WITH HIV

a) most people presently infected with the virus look and feel perfectly healthy;

b) you can not tell they are infected by looking at them;

c) they don't know that they are infected, unless they have been tested;

d) but they can infect others.

YOU CAN PROTECT YOURSELF FROM HIV INFECTION IF YOU AVOID RISKY BEHAVIOR:

a) avoid unprotected sexual intercourse — the safest way is to abstain , but if you have intercourse,

b) practice safer sex, including the correct use of latex condoms every time you have intercourse;

c) don't use drugs in risky situations — all drugs, including alcohol, reduce good judgment needed to avoid risky behavior;

d) don't inject drugs—if you do, don't share needles, or, if you must share needles, clean them thoroughly with bleach and water.

The most important lesson students will learn from the curriculum is that avoiding HIV infection can be much more within their control, once they learn the simple facts about HIV transmission and acquire the basic skills needed to practice healthy behavior. The curriculum helps students understand what they must personally do to protect their own health, and helps them develop the skills necessary to translate such understanding into healthy behavior. While individual behavior may be influenced by many outside forces, it is each individual's decision whether he or she chooses behavior which is healthy or life endangering.

The curriculum relies heavily on small group learning strategies. Role playing, small group discussions, and problem solving activities give students the opportunity to anticipate and analyze the high risk situations that they face beyond the classroom. They are able to formulate decisions and practice responses that they will use in real life situations. No student who is exposed to this curriculum should become involved in high risk behavior because of a lack of preparedness.

Students develop greater confidence and self esteem as part of a small group where their input is respected and valued, and where they are able to develop effective responses to challenging circumstances. The small group is well suited for ESL students, who will be less intimidated using their new language in such a setting than they would be speaking with a larger audience. It is particularly appropriate for the discussion of sensitive, AIDS-related topics like sex and drug use.

It is important to treat AIDS-related issues with an explicitness that was, before AIDS, considered inappropriate. Family planners tell the story about the young woman who was being interviewed by a counselor. "Are you sexually active?" the counselor asked. "No," she replied. Two months later, the woman was pregnant. "I don't understand," said the counselor, "You told me you weren't sexually active." "I'm not!," she sobbed. "All I do is just lie there!" The need to be direct and specific and to avoid euphemisms is even greater when presenting AIDS prevention instruction to ESL students.

When we talk about sexuality and drug use in class, we must pay particular attention to some guidelines that help to make any class work better. Personal boundaries should be respected. Students and teachers should be free to withhold personal opinions about sexuality and their own personal experiences. The topic is potentially embarrassing. Embarrassment can be minimized if we maintain good classroom decorum and display mutual respect. People must feel free to express themselves and ask questions without fear of ridicule. Our experience presenting this material suggests that it is better to approach the rather sensitive issues addressed in this curriculum after a period of several weeks of more traditional ESL instruction during which classroom rapport and trust have been established

The five lessons that follow begin with an exercise game that illustrates the exponential manner in which HIV is spread. The lesson then examines the scope of the AIDS epidemic, the nature of the disease, the ways it is transmitted, and the ways it can be prevented. The next three lessons present activities and exercises that clarify students' understanding of the relative risks of various behaviors, examine their attitudes toward risk reduction behaviors, describe the value of testing, counseling, and treatment, develop students' ability to respond appropriately to specific HIV risk situations by analyzing each step of the decision making process, identify social pressures and barriers to effective communication that place them at risk, and develop strategies for resisting these pressures and overcoming these barriers. The final lesson enables students to utilize their newly acquired knowledge and skills to extend AIDS education from the classroom into their communities.

Each lesson includes reading, writing, and discussion activities designed for use with high school-aged and young adult ESL students.

An appendix includes materials and exercises which can be used to supplement the five basic lessons or used as free standing activities. A list of agencies and additional sources of information and services is also included. The curriculum has been prepared with the view of making the integration of AIDS education into the ESL program as useful as possible in preserving the health of our students and our communities and in developing students' English language skills. Now it's up to us.

read
discuss
write

Lesson 1
Transmission of HIV

THE EPIDEMIC GAME

Rational:

One of the greatest deterrents to the practice of safer sex among teens and young adults is the mindset,"It can't happen to me." This lesson dramatizes the rapid geometric progression possible in the spread of HIV and helps students understand how exposure to possible infection or avoidance of infection is within their control.

AIDS Education Objectives:

1. Students will become aware of the geometric patterns of infection in epidemics and see how rapidly HIV, as well as other sexually transmitted diseases (STDs), can be spread through unprotected intercourse.

2. They will have the opportunity to imagine what it feels like to learn that they have been infected with an incurable, fatal disease, or to imagine what it feels like to learn that they have avoided infection by practicing safer sex.

3. They will learn the difference between casual contact and high risk behaviors.

4. They will learn that a person can not tell by appearance whether someone is infected with HIV.

ESL Objectives:

1. Students will have the chance to discuss, describe, analyze, and write about several topics of current social interest.

2. They will review the use and form of present and past tense verbs and consider which forms are appropriate under the different circumstances presented by the writing assignment.

3. They will practice note taking.

Procedure:

Begin the class by announcing that we are going to have several lessons on AIDS education. Tell students that AIDS is a sensitive and very important issue requiring discussion of sexual and drug-related topics and that it is necessary for every person during these discussions to show complete respect toward classmates and not to embarrass anyone with inappropriate, "street talk" regarding sex or drug use.

1. Now ask students to spend five minutes writing in their notebooks everything they know about AIDS. While they are writing, give each student a card or small piece of paper marked in the following way. For a class of about 25,

a) put a small "v" (for virus—HIV positive) on the back of 2 cards, and "v—IDU" (for virus—injecting drug use) on the back of one card;

b) put a "c" (for condom use) on the back of 5 cards,

c) put an "o" (for "outercourse," sexual intimacy, without sexual intercourse: kissing, hugging, touching) on the back of 5 cards,

d) put a "no s" (for no sexual relationship at present) on the back of 5 cards.

2. After giving out the cards, ask several students to read what they wrote. Write **HIV → AIDS** on the board. Explain **AIDS is caused by a virus called HIV, which is found in the blood, semen, and vaginal fluid of an infected person. Anyone with the virus can pass it on to another person during sex or when sharing needles. There is no cure for AIDS. Education is our best protection against this disease.**

3. Tell students that this exercise is designed to teach participants how people get HIV infection and to practice English conversation on three topics with three different partners. These topics, written in boldface, 2a), b), and c) below, should be put on the chalkboard.

a) ask students to get a partner and discuss (not too loudly) **Sex in the Media (TV, movies, magazines, etc.) and How it Affects Us;** (if the class members have not had experience working with partners they may require some direction from the instructor to get them paired up); after three or four minutes ask students to shake hands with their partners and move on to a new partner;

b) students should now discuss **Sexual Attitudes in This Country Today** (the host country, if they are immigrants) **Compared With Sexual Attitudes in Your**

Native Country When You Were Growing Up, (if students are not immigrants, they can discuss Sex Today compared to Sex When Our Parents Were Young); after three or four minutes they should shake hands and move on to a new partner;

c) students should now discuss **How Would Your Life Change If You Learned You Were Infected With HIV;** after three or four minutes, ask students to shake hands and return to their seats.

4. The next ten minutes should be spent in full class discussion summarizing the major points generated by the students' discussions with their partners. Put the major points on the board under their appropriate topic headings. Ask students to take notes on this information and other information you will put on the board. Tell them it will be useful later. Explain that good note taking is an important study skill. **Good notes summarize complex thoughts in single words or short phrases.** Demonstrate this as you write discussion points on the board. If students have more discussion points to relate than time permits, allow 30 seconds for them to add to their notes what they haven't had the chance to tell the class before moving on to the next topic.

5. At the conclusion of the 10 minute discussion of these three topics, ask students to stand and take out the papers with codes on the back given to them at the beginning of the class. Announce that this is a game (you may need to explain "game") to show how HIV is spread. Explain that the "v" on the papers held by three students represents HIV—transmitted by unprotected sexual intercourse , or by sharing a needle for Injecting Drug Use, represented by the "v—IDU" (put **unprotected sexual intercourse** and **sharing needles** on the board, explain that **protected intercourse means correctly using a latex condom from start to finish every time you have sex,** and that you will talk more about protection later.). Ask these first three students to be seated. Tell them that you are sorry but they are out of the game.

Then ask the three students who shook hands with the first three to sit down also. Explain that **for the purposes of this game only, shaking hands represents unprotected sexual intercourse or sharing of needles**, the behaviors by which HIV is spread. Make clear that **shaking hands in real life is a form of casual contact,** which, along with kissing, hugging, touching, insect bites, and sharing toilet seats or eating utensils, can not spread HIV (put **casual contact** on the board). Then ask the six who shook hands with those already seated to sit. Then ask the 12 who shook hands with those seated to also sit. At this point as many as 24 students may be seated with HIV—perhaps fewer, if some already "infected" became "re-exposed."

Make the point here that it is possible for a person to become infected with HIV from a first and only lover. However, by the laws of chance, the more people a person has risky sex with (or shares a needle with), the greater the chance of meeting a partner infected with HIV and becoming infected too. In the same way, the more people a person's partner has had risky sex with (or shares a needle with), the greater the partner's chance of being infected with HIV.

Take time now, with almost all of the class seated and "out of the game" to ask students how they would feel if this were not a game and they had actually become infected with HIV through unprotected intercourse or needle sharing. Point out that just as they could not tell by looking at a classmate if s he was infected with HIV, so too in real life **you can not tell by looking at a person if s/he is infected** (put this on the board and explain the s he notation) and most of those who are infected can not tell that they are without being tested for HIV.

Now ask the students who had a "c" on the back of their paper to stand. Explain that this means that they were able to avoid becoming infected with HIV because they practiced safer sex by using a condom every time they had sexual intercourse. Congratulate them. Write **safer sex—use a condom correctly every time** on the board.

Next ask those with an "o" to stand. Explain that this means that they were able to avoid becoming infected with HIV because they practiced safer sex by not having vaginal, anal, or oral intercourse but had sexual intimacy without penetration, "outercourse." Congratulate them. Write **outercourse** on the board under "use a condom."

Finally, ask those with a "no s" to stand. Explain that the "no s" means no sex— they are not involved in a sexual relationship at present. Write **abstinence—no sex** on the board. Congratulate them. And once again congratulate all who preserved their health. Express your regrets for all those who lost the game and tell the class that you hope that everyone understands and will do what is necessary to avoid HIV infection and stay healthy in real life.

6. Ask if there are any questions or comments.

Homework:

Ask students to copy the following from the board.

1. Describe and evaluate this lesson. How did you feel during the game when you or people you care about became "infected" with an incurable, fatal disease? How did you feel if you avoided infection by practicing safer sex or abstinence? How do you think a young person your age feels when s he first learns that s he really has HIV? What did you learn from this lesson?

2. Interview a parent or someone else your parents' age to learn more about the differences in sexual attitudes and behaviors when they were your age and now. Write a summary of what you learned from the interview.

This interview can be used by younger students to tell their parents that the class will be working on five AIDS lessons and that the ESL instructor hopes parents and students will discuss this work at home.

Point out to students the appropriate verb tenses for these topics and, if necessary, review these tenses: simple past to describe the lesson and how students felt during the lesson, and simple present to describe how a person who really has HIV probably feels; simple past to describe attitudes about sex when your parents were younger and simple present to describe sexual attitudes now.

Lesson 2
Assessing Risk/Reducing Risk

PROBABILITY AND PREDICTION

Rationale:

Understanding the consequences of our behavior is a critical part of organizing our lives.

AIDS Education Objectives:

1. Students will learn the difference between safe behaviors and behaviors that put them at risk for HIV infection.

2. They will understand that degree of risk is a matter of the behaviors they choose or avoid.

3. They will identify strategies for reducing risk.

4. They will identify the obstacles that exist to adopting these strategies.

ESL Objectives:

1. Students will practice speaking, listening, writing, and reading.

2. They will learn new vocabulary.

3. They will understand the relationship between cause and effect and the concept of probability.

4. They will review the comparative and superlative forms of adjectives.

5. They will review the modal auxiliary and future forms of verbs.

Procedure:

Begin the class by inviting volunteers to read homework.

(No more than 3 volunteers, 7-8 minutes).

Introduce the concept of **probability and prediction** and explain that **the ability to accurately predict future events depends on our understanding of the relationships between a cause and its effects or between a choice and its consequences. The development of this understanding is an essential part of our education, especially as we take more and more responsibility for our lives and the lives of our loved ones.**

Explain that babies soon learn to avoid touching a hot stove in order to avoid the painful burn. With the guidance of elders who help us imagine the probable consequences of strolling into traffic, we learn how to cross the street safely. Our understanding of the consequence of applying heat to water enables us to make our morning coffee or tea. Ask the class for additional examples of how our understanding of the relationship between a cause and its probable effect helps us to lead our lives more rationally. *(7-8 minutes)*

Next, draw a straight line across the blackboard labeled as follows:

0%_____100%

Explain that the line on the board represents a **continuum of probabilities** (write this on the board, explain "continuum") for some future event occurring. Ask students for an example of an event that will likely occur in their lives with a near 100% probability as a result of some choice they make or action they take (for example, they will become successful students of English if they practice English every day). Ask for an example of an event that has a close to 0% probability of happening sometime in the near future (for example, they will become millionaires as a result of buying a lottery ticket). Ask for examples of events having a 50% chance of occurring. *(10 minutes)*

Make clear that there are some events in life over which we have more personal control than others (e.g., becoming better English students vs. winning the lottery).

Now tell students that the idea of a continuum of probabilities can also help to illustrate the degree of risk of HIV infection of various kinds of behavior. Rename the continuum, the **continuum of risk.** Relable the continuum "no risk," "reduced risk," and "very risky." Remind students that **HIV is hard to catch**—it can enter the body in these four ways:

- **by having sexual intercourse with an infected person;**
- **by sharing needles, syringes or other instruments containing even microscopic amounts of infected blood;**
- **by being born to an infected mother or being breastfed by an infected mother;**
- **by transfusion of infected blood (though this is highly unlikely since screening of the blood supply began).**

Hand out copies of "HIV Risk Behavior Questionnaire." (Page 51 for copy-ready handouts.)

HIV RISK BEHAVIOR QUESTIONNAIRE

Would you please take a few minutes to answer the questions below. Your answers will help us to educate the community more effectively to avoid this disease.

Which of the following increases a person's chances of getting HIV?

Please check each correct answer.

(Associated with sex)

a) ☐ Having sexual intercourse with someone who was exposed to HIV five years ago, but who looks and feels healthy and has never shown any sign of the illness

b) ☐ Having sexual intercourse with someone who is infected with HIV

c) ☐ Massaging someone who has HIV or AIDS

d) ☐ Hugging someone who has HIV or AIDS

e) ☐ Kissing someone who has HIV or AIDS

f) ☐ Properly using latex condoms

g) ☐ Using a condom with oil or Vaseline instead of a water based lubricant

h) ☐ Using the same condom twice

i) ☐ Unprotected oral sex

j) ☐ Unprotected vaginal sex

k) ☐ Unprotected anal sex

l) ☐ Having many sexual partners

(Associated with drugs and use of needles)

m) ☐ Using alcohol, marijuana, crack, or other drugs that affect good judgment

n) ☐ Sharing needles for injecting drugs

o) ☐ Sharing needles for injecting steroids or vitamins or for ear or body piercing or tattooing

p) ☐ Sharing a needle that has been cleaned with water

q) ☐ Sharing a needle that has been properly cleaned with bleach or alcohol

(Associated with other modes of transmission)

r) ☐ Receiving a blood transfusion today

s) ☐ Being born to or breastfed by an infected mother

t) ☐ Being born to a mother whose husband was exposed to HIV five years ago, but who looks and feels healthy and has never shown any sign of the illness

Answer the questionnaire with the class. Ask students to imagine behaviors on a continuum of risk, from "no risk" to "reduced risk" to "very risky" and to consider why some behaviors are more risky than others.

Some latitude in recognizing the relative risk of these behaviors is acceptable, as long as the basic distinctions between high risk, reduced risk and no risk behaviors are recognized. The first and last, a) and t) are high risk activities and illustrate the danger of HIV transmission during latency; b), of course, is a high risk activity, to which a) might be equivalent; c) through e) are forms of casual contact, through which the virus can not be transmitted; f) is lower risk, (because of the small possibility of condom failure); g) through l) are higher risk sexual activities; m) is a high risk activity related to any drug use that affects judgment; n), o) and p) are high risk needle sharing activities; only q) significantly reduces the risk of sharing needles; receiving blood, r), is almost totally without risk since the blood supply began to be tested for HIV antibodies; s) and t) are significant risk factors, although it is important to note that a recent study has shown that **babies born to HIV positive mothers, who were treated with AZT during pregnancy, were only a third as likely to be born with HIV as were babies of HIV mothers who were not treated with AZT.**

Make clear to students that **all of these behaviors** that can put us in danger of HIV infection or may endanger others **are within our control.** Point to the continuum and reiterate that the risk of a person contracting HIV may be very high or near zero, depending on his or her behavioral choices. Each person's individual level of risk lies somewhere on this continuum. **The choice is ours.** Adolescents, in particular, need help understanding that **there are no second chances when it comes to HIV infection.** Answer any questions. (15 minutes)

Tell the class, now that we understand what behaviors put a person at risk for HIV infection, we can see what we should do to reduce our risk of getting or spreading HIV. Ask students to make a list of what they can do now and (particularly, for younger students) will do in the future to reduce their risk.

At this point the instructor should review the modal auxiliary and future verb forms:

can (can't) + simple form of the main verb

will (won't) + simple form

After seven or eight minutes create a list on the board. Subdivide the list into things that we can do now and things we will do in the future (this concern for future risk reduction is particularly appropriate for younger people who may not now, but soon may be, inclined to higher risk activities). Make sure the list includes (We can, We will):

Reduce the Risk *(p. 52 for copy-ready handout)*

1. Abstain from sex;

2. Have "outercourse" instead of intercourse;

3. Stay with one partner for life who is not infected and who does not use injecting drugs, and who only stays with you;

4. Openly discuss with a partner the possibility of HIV infection. Listen for clues of past or present risk behaviors;

5. Avoid having more than one sex partner. The more sex partners a person has, the greater the chance of contracting HIV;

6. Avoid contact with a partner's blood, semen or vaginal secretions with proper use of latex condoms every time you have sexual intercourse;

7. Avoid sharing needles or other sharp piercing instruments for drug injecting, tattooing, piercing or acupuncture unless they are sterilized.

8. Avoid using alcohol, marijuana, crack, or other drugs that impair judgment;

9. Get the HIV test if you think you (or your partner) might have ever been exposed to HIV infection. If you have been infected, the free, confidential test will tell you, so that you can get the treatment to help you stay healthy longer. If you are pregnant or planning to have a baby, your treatment can protect your baby. (Put the Hotline Counseling and Testing telephone number for your country or area listed in Appendix III on the board; ask everyone to copy it in their notebooks for use in a later assignment.)

Now ask the class which is the hardest and which the easiest risk reduction behavior to adopt? Why are some easier than others? The instructor will probably want to review the comparative and superlative adjective forms:

A is taller than B. A is taller.

A is more beautiful than B.

B is taller than C.

A is the tallest.

A is the most beautiful.

discuss

Homework:

Put these questions on the board. Ask students to answer them in their journals. Tell them that you will not collect this assignment from anyone who wants to keep this assignment private, but that it is very important for everyone to do it.

a. What are the most important strategies for you personally? Why?

b. What are strategies that you think are most difficult for you to adopt? Why?

c. What is your own individual probability of infection given your current attitudes and behavior? How does that make you feel?

write

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Lesson 3

Recognizing Obstacles to AIDS Prevention

OVERCOMING OBSTACLES TO THE USE OF AIDS PREVENTION STRATEGIES

BUYING CONDOMS: ANTICIPATING AN UNCOMFORTABLE SITUATION

Rationale:

Once we come to an understanding of high risk behavior and of the obstacles to preventing this behavior, we should develop the strategies to help us overcome these obstacles. As we practice examining, discussing, and negotiating the way we conduct our lives, we gain greater control over our lives.

AIDS Education Objectives:

1. Students will review the most important AIDS prevention strategies and reasons why we don't readily adopt them.

2. They will examine ways of overcoming obstacles.

3. They will gain insight into some of the difficulties experienced in purchasing condoms.

4. They will learn the proper way to use condoms.

ESL Objectives:

1. Students will practice listening, speaking, reading and writing.

2. They will analyze complex social situations and practice problem solving.

3. They will practice use of the future modal "would."

4. They will prepare a short demonstration speech.

5. They will practice use of prepositions of place.

Procedure:

Begin the lesson by inviting a few students to read from their homework. Pay particular attention to their responses to question a) above: **What are the most important AIDS prevention strategies?** Divide the board into two parts. On the left half of the board, list the AIDS prevention strategies. Ask students to add to the list. Make sure the following are included in some form:

AIDS Prevention Strategies

a) avoid sexual intercourse, or if you do have intercourse,

b) avoid exchange of body fluids by using condoms the right way every time;

c) select partners carefully, reduce the number of partners;

d) don't use drugs, but if you do,

e) avoid sharing of drug needles and syringes.

(10 minutes)

Now ask students to identify the most important obstacles to AIDS prevention, or reasons why people do not utilize the AIDS prevention strategies. For example, what are the reasons why many couples don't practice sexual abstinence, and what keeps them from using condoms? Remind students that these obstacles were identified in their homework, question b) "what strategies are most difficult to adopt?" and "Why?" Put these on the board. *(10 minutes)* Obstacles to prevention strategies could include:

Obstacles to Prevention Strategies (explain "obstacles")

a) inability to resist pressure to be sexually active;

b) embarrassment talking about sexual matters with a partner;

c) belief that sex is not pleasurable with condom use;

d) embarrassment buying or getting condoms;

e) not knowing how to use condoms properly;

f) not knowing that a person may look and feel fine and yet have had HIV and been capable of infecting others for years before s/he gets sick;

g) fear of ridicule or rejection by a partner who does not support the idea of practicing safe behaviors;

h) low self-esteem, depression, no sense of a future worth living for self or family;

i) laws prohibiting needle possession or needle exchange programs;

j) not knowing how to clean needles (see Appendix I).

Prioritizing Obstacles

Once all of the obstacles have been listed on the chalkboard, have students choose the five most important obstacles to utilization of HIV prevention methods for a group of people such as this class. *(5 minutes)*

Finding Solutions to Eliminating the Obstacles

Divide the class into five groups. Assign one of the five major obstacles to each group. Through discussion, the groups are to create solutions for eliminating the obstacle assigned to them. Students should use their imagination in creating solutions. Possible solutions might be to prepare young people to resist pressure to be sexually active, enable people to increase their comfort level in purchasing condoms through role playing, instruct people in the proper method for using condoms. Encourage each group to come up with as specific and detailed a solution to their obstacle as they can in the 10 minutes allotted.

Discussion of Solutions

Have a spokesperson for each group report his or her group's solution to the entire class. Discuss the solutions and ask for other possible solutions from other class members. Note solutions on board next to obstacles. *(10 minutes)*

discuss

Anticipating an Uncomfortable Situation: Buying Condoms

First explain to students that this exercise is about protection that they need now if they are sexually active or will need when they decide to have sex; and while that might not be for a long time, it is important information that they will need sometime.

Next ask students to write how they imagine they would feel if they were involved in a relationship, and prior to intercourse a partner took out a condom and suggested they use it. Explain that their responses will not be collected.

Tell students that **in studies of young people, both males and females reported that when a partner suggested condom use, they felt it demonstrated caring and they liked the person better for this**. Ask students if their own responses were similar or different from this research. Tell students, **you should feel good about buying condoms. You are protecting yourself, your partner, your family, and your future.**

Next, ask students to write a description of the following situation:

Imagine that you are going to a pharmacy or clinic to buy or ask for latex condoms. Now **imagine:**

1. What would you say to the pharmacist or clinic employee?

2 What would it feel like?

3. Why would you feel that way?

The instructor can use this as an opportunity to **review the future conditional modal, would + simple form of the main verb.**

(10 minutes)

Ask students if they think thinking about the future helps us deal with it more effectively? Will it make the actual buying of condoms any easier? Remind the class that our ability to think ahead enables us to prepare for the future.

Homework:

1) Put the following on the board: **write directions to the pharmacy or clinic closest to the school or to your home**. Explain that accurately giving and receiving directions and knowing how to get and properly use condoms are both very important skills in modern society. (The instructor should **review the prepositions of place, from, to in, on, at, next to, across from, in front of, behind, etc.)**

2) Hand out *How to Use a Condom* (p. 53). Ask students to prepare a short demonstration speech. If this might be too embarassing for students, the instructor can assign each student one step in the "How to use a condom" process. The class can then work together to present the steps in proper order.

3) Hand out the Role Play, *A Failure In Communication* (p. 54). Ask the class to read it for homework and try to learn what caused the failure.

Role Play

A Failure In Communication *(p. 54 for copy-ready handouts)*

SITUATION:

You and your boyfriend (girlfriend) have been going out for a while. From the beginning you touched and kissed a lot. On his (her) birthday, you are alone and feel very close. You begin kissing and touching and feeling excited. Your boyfriend (girlfriend) wants to have sex with you, but you want to tell him (her) that you are not ready.

FRIEND: Why are you stopping now?

YOU: Wait. I'm not sure I'm ready.

FRIEND: It isn't my birthday every day, you know.

YOU: Yeah, I know.

FRIEND: There's no reason to wait. It will mean even more now. What's the difference, now or later?

YOU: Well, I'm not sure.

FRIEND: I thought this was what we both wanted.

YOU: Do you love me?

FRIEND: Yes, and sex is part of love. Right?

YOU: I guess you're right.

(They stop talking and go back to kissing—this direction should only be read.)

What happened? Make a list of things the character "You" might do or say differently to be effective and get what s/he wants. Everyone should understand that the failure of "You" in the role play was a failure to **clearly and firmly say NO.**

Lesson 4
More Effective Communication

SAYING NO

GETTING WHAT YOU WANT

Rationale:

Few models for effective communication in sexual situations exist for young people, and few opportunites to practice such communication exist. Avoiding discussion of sexual matters with a partner is one of the most widespread sexual taboos. In the Age of AIDS, observance of this taboo can be fatal.

The goal of role playing is to provide models for effective communication in sexual situations and to produce changes in the participants' perception and behavior. Sometimes just watching another member of the group play a role may produce changes in perceptions and attitudes. For some people and some issues it may be necessary to personally play the role and to experience what it feels like to be in a situation like the one portrayed in the role play. Role playing may also help make people more tolerant of a position they publicly uphold in role playing, but with which they initially disagree. The conclusion derived from the research on role playing is that active participation is more effective in changing attitudes and behavior than is passive exposure to persuasive arguments by themselves.

Tell students that being able **to know in advance what you want and then to clearly express what you want helps you to get what you want**. This is a very important part of effective communication. The following series of role plays will give students practice in clearly expressing their wishes and protecting their health in HIV risk-related situations.

AIDS Education Objectives:

1. Students will be involved in handling and discussing condoms in order to develop proficiency in and demystify their proper use.

2. They will examine a faulty model of communication in order to understand the most significant communicative elements that keep us from safer behavior.

3. They will learn to say "No."

4. They will learn to anticipate and effectively respond to high risk situations.

ESL Objectives:

1. Class members will deliver a short demonstration speech.

2. They will read and critically evaluate written material.

3. They will rewrite this material.

4. They will practice affirmative and negative forms of past tense verbs.

Procedure:

Begin class by asking if two people would like to volunteer to read, *A Failure In Communication*. If possible, assign the role of "Friend" to a female, and the role of the character "You" to a male. Tell students that the talented, young male actors in Shakespeare's theater played women. Also explain that assuming sexual roles that are different from those people play in real life will help us better understand how other people think and feel. Switching sexual roles or having partners of the same sex during role play can also neutralize any inclination some students might have to use the exercise to embarrass or flirt with other students. Tell the students that **these role plays are exercises designed to help all students preserve their health and the health of their families and communities while practicing their English. Role plays must not be used to embarrass classmates. All classmates must always respect each other.** If students are eager to volunteer to act this role play, it can be done again by a second pair, using a male for "Friend" and a female for "You."

Following this performance, ask students to answer the question (referring to their homework), **"What went wrong?"**

What can the character "You" do to get what s/he wants? Make sure the class understands that the failure of "You" in the role play was a failure to **clearly and firmly say No.** Ask.

Is this the way many young people decide whether or not to have sex?

Why didn't the character "You" stick to the decision not to have sex?

What makes it difficult to say no?

(15 minutes)

Explain that the **ability to say No clearly and firmly is a very important skill that gives us a lot of control over our lives**. **This lesson will give us practice in saying No without losing a friendship but saying it so that our partner or friend knows we mean No.** Put *The 4 Ways to Say No* on the board (review use and form of imperative). Ask students to copy these in their notebooks now and memorize them for homework tonight.

The 4 Ways to Say No *(p. 55 for copy-ready handout)*

1) Say **No.** (No thank you. No, I don't want to.) There is no substitute for saying No.

2) Repeat No as often as is necessary.

3) Use Body Language that says No

a) Serious facial expression that shows you mean No.

b) Hands up, hands out gesture that says Stop.

c) If everything else fails, use your strength to push away and say Stop.

4) Suggest alternatives that can build the relationship

(Let's go to a movie. Let's go for a walk. Let's make dinner together.)

Ask for a volunteer to demonstrate Body Language. Ask what "You" didn't do or did wrong in *A Failure In Communication*. (Review past affirmative and past negative for regular and irregular verbs.) Put the answers on the board. They should include the character "You":

didn't say no;

didn't repeat the first objection;

asked questions like "Do you love me?" rather than stating her or his view;

expressed doubt;

didn't suggest other alternatives;

didn't use body language; and

gave up.

Ask if there are any questions.

(10 minutes)

Now ask students to form groups of three and rewrite *A Failure In Communication*, to make it *A Successful Communication*. Ask them to use some of what they learned in *Rules for Saying No*. Allow no more than 10 minutes for the rewrite.

Ask students to perform their rewritten role plays three times, so that everyone gets to rotate through each role, including the observer/evaluator. **Then ask the students to perform again, this time with the character "You" not using the script.** Explain that for this learning activity to be most effective students must be able to make the correct responses without looking at the script. **In real life situations which threaten their health they will have no script to rely on — they have to rely on themselves.** Remind students that this is an exercise in which **classmates work together to help each other preserve their health and practice their English,** and that they must **maintain, as always, proper respect for their classmates.**

(15 minutes)

Invite volunteers to perform their rewritten version of *A Successful Communication*. Ask the class what the differences between the unsuccessful and successful versions are. Point out that **these behaviors seen in the successful version are the same behaviors that protect them from HIV infection in real life.**

Conclude by reminding students that today they practiced making **a clear No statement** in a way that tells a person they mean no without losing a friendship.

Homework:

1) Ask students to memorize ***The 4 Ways to Say No.***

2) Hand out The ***"Lines"/Your Responses*** Worksheet (p.56-57). Explain the idiomatic meaning of a "line," as insincere talk meant to manipulate or deceive. **Review comparatives and superlatives.**

3) Hand out ***Plan Ahead*** Role Play Worksheet (p. 57-58). Tell the class that **most young people do not know how to talk to another person about sexual matters or AIDS prevention**. There are few, if any, models for them to follow. This activity will help create some verbal models that can be used to discuss HIV risk-reduction with a romantic partner, and **to be clear and direct, without hurting a partner's feelings.** The exercise also provides practice in insisting on abstinence or condom use in spite of a partner's statements that he or she is not at risk. Ask students to read the role play worksheet and write in one or two examples of what a person might say in each of the situations included on the worksheet.

Explain to the class that both of these activities include exercises about protection that people will need when they decide to have sex; and while that might not be for a long time, it is important information that we will need eventually.

Tell the class to be sure to do the ***"Lines"*** worksheet before ***Plan Ahead.***

The "Lines"/ Your Responses *(pp. 56-57 for copy-ready handouts)*

Imagine that you and a romantic friend are together and the Friend says some of the things written below to try to persuade you, even though you don't want to, to have sexual intercourse or to have unprotected intercourse. Put a check next to the responses that you think are good; put two checks next to the responses you think are even better; and put a star next to the one response you think is the best.

FRIEND:	You would if you loved me (or)
	If you love me, you'll do it with me (or)
	But I love you!
YOU:	If you love me, you'll respect my decision (or)
	If you love me, you'll help me wait.
FRIEND:	Everybody is doing it.
YOU:	I'm somebody, and I'm not doing it (or)
	50% of U.S. teenagers, 17 and younger, have not yet had sexual intercourse — they're not doing it.
FRIEND:	What's your problem?
YOU:	I think we should wait. There's nothing wrong with that.
FRIEND:	If you won't do it, I'll find somebody who will.
YOU:	I'm sorry I don't mean more to you than that.

FRIEND: But I love you!

YOU: If you love me, respect my health (or)

Condoms protect, love doesn't (or)

It's so sexy when a man cares (or)

Do it for me.

FRIEND: I'm not gay and I don't shoot drugs. You won't catch HIV from me.

YOU: You don't have to be gay or shoot drugs. More than half the people in the world with the virus are married women.

FRIEND: Do I look sick?

YOU: Most people who have HIV look and feel healthy and don't know that they have the virus.

FRIEND: It takes too long.

YOU: You'll be turning me on every second (or)

I love it when you take your time (or)

What's the rush? (or)

I'll wait.

FRIEND: Just this once.

YOU: It only takes once (or)

Only kids make decisions like that (or)

This isn't up for debate (or)

No way.

FRIEND: It doesn't feel good.

YOU: AIDS feels worse (or)

I'd feel better (or)

When I feel safer I go wild (or)

Just wait.

FRIEND: It spoils the mood.

YOU: It puts me in the mood (or)

So does worrying (or)

Not if I help (or)

We could always go to a movie.

Plan Ahead Role Play Worksheet *(pp. 58-59 for copy-ready handout)*

SITUATION:

John and Chris started dating recently and have begun to feel more close physically, but have not had sexual intercourse . Neither is sure about the lifestyle of the other before they began dating. Chris believes that they will become more sexually involved and is worried about being exposed to HIV. Chris wants to talk about AIDS virus prevention, but does not know how. Chris needs practice. So do we. Create one or two different examples of what Chris might say to John:

1. What could Chris say to get the conversation started? That is, how could Chris begin to express her his concerns about possible exposure to HIV? What might John say?

CHRIS:

JOHN:

CHRIS:

JOHN:

2. One option that Chris has is not to have sexual intercourse with John. What can Chris say to John if Chris does not want intercourse even though John does? What might John say?

CHRIS:

JOHN:

CHRIS:

JOHN:

3. Another option for Chris is to insist that John wear a condom if they have intercourse. What can Chris say? What might John say?

CHRIS:

JOHN:

CHRIS:

JOHN:

4. What can Chris say in asking John if he has been exposed to HIV through high-risk sexual or drug-using behavior? What might John say?

CHRIS:

JOHN:

CHRIS:

JOHN:

5. What can Chris say if John insists that there is no chance that he has been exposed to HIV and that there is no need to worry? What might John say?

CHRIS:

JOHN:

CHRIS:

JOHN:

Lesson 5

Continue Developing More Effective Communication

How Can We Help? —Taking AIDS Education Out of the Classroom and Into the Community

Rationale:

The more preparation people have in anticipating high risk situations and practice they have in responding to them, the more effective they will be in dealing safely with them in real life. The opportunity for students to share their newly acquired and valuable competency with members of their community will help clarify the personal and social value of these AIDS education lessons as it contributes to AIDS prevention in the community.

AIDS Education Objectives:

1. Students will practice effectively communicating health preserving responses to a series of typical high risk situations.

2. They will contribute to AIDS awareness of their community.

ESL Objectives:

1. Students will practice listening, speaking, reading, writing,&7 and group problem solving.

2. They will practice interviewing techniques.

3. They will practice note taking in their journals in preparation for a formal report on their AIDS education interviewing in their community.

4. They will write a report based on their interviewing, in which they assess the AIDS awareness of their interviewees and the AIDS education needs of their community.

Procedure:

Begin the lesson by reviewing the homework. Ask students to discuss some of the **better** responses to *The "Lines."* Which is the **best?** *(5 minutes)*

Now discuss the ***Plan Ahead*** Role Play. Ask: **What are some good responses you came up with?** Write some of the better answers on the board, noting the situation, 1-5, to which the response corresponds. Ask students to write down some of the **better responses for future use**. *(5 minutes)*

Form groups of three. Have one student play Chris, one play John, and the third, evaluate the "discussion." Create one or two different examples of what Chris might say to John. Rotate roles twice so that everyone has a chance to play each role. (15 minutes)

Ask the class: **What was most difficult about this exercise? Why was it difficult?** What kinds of things get in the way of communicating about sex and AIDS? Would anyone like to demonstrate their role-play for the class?

What are the best situations (time and place) for young people to discuss AIDS prevention? *(5 minutes)*

How Can We Help?

Hand out ***Rara and Meredith (p. 60)***. Ask the class to read this handout. Ask for volunteers to read to the class. Ask what they liked about it. *(10 minutes)*

RARA AND MEREDITH

For Rara and Meredith Blank, after-school activities mean more than school clubs, team sports, and part-time jobs. That's because Meredith, 15, and her sister Rara, 16, are volunteers at the Teen AIDS Hotline in Rockville, Maryland. The hotline provides callers with facts and counseling about AIDS.

The hotline volunteers, mainly teenagers and young adults, answer several thousand calls a month. "Some nights," Rara says, "the phones just don't stop ringing." Most of the calls come from people in their 20s. "Most of the callers are people who think they have AIDS," Meredith says. "A lot of the teenagers who call ask if you can get it from kissing." [Scientists consider this highly unlikely.]

The saddest phone calls come from people who have just discovered that they have AIDS. "The first time it happened, I was shocked," Meredith recalls. "The person was really upset and he needed somebody to talk to. He was angry too." Hotline volunteers usually refer these callers to a counseling service.

The sisters decided to work at the hotline to fulfill a community service requirement at their school. And once they started, they didn't want to stop. Rara says, "With the hotline, you can educate yourself and everyone you come in contact with."

The two sisters' training included a seminar about AIDS, as well as practice sessions in which volunteers ask each other possible questions. They also keep up with the most recent scientific articles on AIDS, which are available at the center. "Since we've been working here, I am always reminding my friends of the dangers of AIDS," Meredith says. "It's kind of a joke among us, but it's important to hear the advice coming from other people your age."

Even with the warnings, Meredith and Rara say some of their friends still take chances with their health. "A lot of people just say 'I don't think it's going to happen to me,'" Meredith warns. "What young people have to realize is that it's not who you are. It's how you choose to protect yourself."

Meredith and Rara believe they are making a difference. "This is one case where young people can help save lives," says Rara.

(adapted from Alex Wohl, Washington, DC, for Scholastic Update.)

AIDS Education: From the Classroom Into the Community

Now announce to the class that they can help, too. Tell students that for homework you want them (put the following on the board):

1. to administer the HIV Risk Behavior Questionnaire and interview at least one friend, family member, or person in the community.

2. to use the questionnaire as a focus of discussion to find out how well the people they interview understand HIV risk behavior.

3. to give people copies of AIDS education literature (if available).

4. to record in their notebooks the main points of their interviews.

5. to write a report on their interviews.

Tell students that their **interviews will be anonymous**, that they **can not identify the people they interview,** and they should **make this clear to them.** However, students should include in their reports the important demographic information on the people they interview: age, sex, education, native language, level of English, source of previous information regarding AIDS, etc. **Students should approach people they wish to interview by asking them if they would be willing to help in an AIDS education project by answering a short questionnaire** for a couple of minutes. Students should be **sensitive to and respectful of a person's wish not to be interviewed,** although most people are happy to cooperate.

Tell students that the lessons they learn from their interviews and report in their papers will be sent on to the public health department and will help health workers deal more effectively with AIDS in their communities. Instructors may arrange a swap of AIDS education materials for reports. Public health workers are always happy to have contact of this sort with the community.

Tell students that through these interviews they will have the opportunity to explore and better understand the AIDS educational issues raised in these lessons, and **by actively participating in the AIDS education of others, they are performing a socially useful service that will help preserve the health of their communities, as well as their own health, while developing their English language skills.**

discuss

Appendix I

SUPPLEMENTARY EXERCISES AND COPY-READY HANDOUTS

A. Dear Abby *pp.40-41*

B. Sex in the Media *p.45*

C. The Deadly Silence *pp.46-47*

D. Needle Exchange Programs *pp.48-50*

E. HIV Risk Behavior Questionnaire (Lesson 2, 5) *p.51*

F. Reduce the Risk (Lesson 2) *p.52*

G. How to Use a Condom *p.53*

H. Failure in Communication (Lesson 3) *p.54*

I. The 4 Ways to Say No (Lesson 4) *p.55*

J. The "Lines"/Your Responses (Lesson 4-5) *pp.56-57*

K. Plan Ahead Role Play Worksheet (Lesson 4, 5) *pp.58-59*

L. Rara and Meredith (Lesson 5) *p.60*

M. How to Clean Needles *p.61*

N. Agreement for a Safer Sexual Life *pp.62-63*

The following exercises, A-D, may be introduced as supplements to the the homework assignments included in the five main lessons, or as additional lessons.

A. Dear Abby

The following can be used, if time allows, as an additional lesson.

RATIONALE:

By dealing with hypothetical situations in the classroom that are similar to those they are likely to encounter in real life, students will be better able to cope with actual high risk situations when they occur.

AIDS EDUCATION OBJECTIVES:

Students gain experience handling complex, AIDS related problems.

They develop judgment and problem solving skills.

They develop awareness of HIV risk factors.

They develop awareness of barriers to HIV risk reduction.

ESL OBJECTIVES:

Students practice reading, writing, speaking, and listening.

They develop critical thinking skills.

PROCEDURE:

Divide the class into groups of three or four. If possible, beginning students should be grouped with a more advanced student of the same native language who can help with translation. Give each group a copy of one of the letters to Abby printed below, each of which describes an AIDS risk situation that young people are likely to confront.

Ask students to examine and discuss the problem presented in the letter to which they are responding, and then to write a reply that provides good, healthy advice. When students are finished writing their replies, a representative from each group can read the group's reply, and other class members should offer their comments.

Here are several letters that indicate typical risk situations in which young people may find themselves:

1. Dear Abby:

I am a 17 year old guy and I've been going out with this terrific girl who is 2 years younger than me. We have a really good relationship. We're really in love, and I think we're going to have sex soon. She even went and got birth control pills, so we don't have to worry about her getting pregnant.

So what's the problem? We both agree we don't want to use condoms, and since we're both practically virgins, we think we're safe. But she doesn't know that I was shooting up steroids last year while I was on the wrestling team. I'm not sure if I used the same needle as my buddy, but he is in great shape, so I guess there is no need to worry. Right?

Please don't ask me to tell her about this. I think she'd stop going out with me if she knew I used to shoot drugs, even though I don't do it now and won't do it ever again. Besides, I'm in great health, so there is probably nothing to worry about. Right?

Tell me. What do you think I should do?

Willie the Worried Wrestler

2. Dear Abby:

I'm a 16 year old girl who is very popular and good looking, too. I look 19 or 20. I have already had a few boyfriends and am no longer a virgin.

Now I'm going out with Tony, who is really cool. All the girls like him but I think he likes me the best. He's kind of shy. He even told me recently that he has never "gone all the way" with a girl. The other night, after we went dancing, we were making out in the back of his friend's car, and we came pretty close to "doing it."

The next day at lunch he asked me if I was a virgin. Lucky for me, two of his friends came over before I had to answer.

I'm afraid to tell Tony that I've had sex with other guys before, because I don't want him to think I'm a whore and leave me for somebody else. I really want him and love him a lot, but I can't tell him about what happened before.

What should I do if he asks me again about my past?

Not so Innocent in Ipswich

3. Dear Abby:

My boyfriend and I have been going steady for two months. We are going to a big party soon and I think we are planning to have sex afterwards. We want to use condoms, but we're both too embarrassed to get them. He says I should get them. I say he should.

Who should get them? Where can you buy them? What do you say if you don't see them on display in the store? What else can you tell me that will make it easier to get these strange things and use them right?

Wondering in Washington

4. Dear Abby:

My name is Carlos, and I am a 17 year old student. I have some good friends and have gone on dates with some very nice girls. So what's the problem? Well, to tell you the truth, I am not sure. I just haven't met any girls that really turn me on, but there are some guys that I like a lot.

I think I might be gay. I've even had a couple of sexual experiences with guys, but I am too embarrassed to talk about them with anybody or even to write about them in this letter.

With all this talk about AIDS and all the things people say about gays, I am hoping this is just a passing thing. Actually, I am a little worried. But the guys I was with looked fine. So I don't have to worry about AIDS, do I?

Are my feelings normal? Will they pass? What do I need to know? Do other people feel like this?

Confused Carlos in Caracas

Adapted from J. Dryer. *TESOL Journal* (Summer 1992.)

B. Sex in the Media

This assignment can accompany the homework included in lesson 1. It should take several days. Ask students to watch English language TV to determine the prevalence of sexually suggestive imagery and situations on network TV during prime time programming, programming for children, and programming for teens. Ask students to pay attention to commercials, too. They should note the frequency in their journals of the occurrence of sexual imagery in a given period of time (How many sexual images in a 30 second beer commercial?— for example) as well as the quality of the imagery—How suggestive is it? How subtle? (These may require some explanation.) Perhaps students could compare the treatment of sexuality on English language TV and TV in their native language.

Tell the students that this exercise is designed to increase awareness of the degree to which TV and other popular media like movies, magazines, and recordings encourage sexual behavior, but devote very little, if any resources to promoting safer sexual behavior. Make clear that you are not opposed to sexual behavior, or to its presence in the media, only to the lack of media attention to safer sexual behavior in the Age of AIDS.

Ask students to discuss their observations with classmates. Ask what the reasons might be for media fondness for open sexuality and for their aversion to safer sex. Ask them if they feel this is socially responsible behavior on the part of the TV industry.

Ask students to write to programming directors and news directors of local TV stations expressing their concern on this issue. Mail the letters for the class.

C. The Deadly Silence

Pat and Steve were in love, but they didn't have intercourse. In fact, neither had intercourse with anyone. They had lots of fun together and were taking it slow. Then Pat went away to work at a resort for the summer. They planned to write, talk on the phone, and resume their relationship in the fall.

At the resort Pat met Willie — a gorgeous guy. Willie was anybody's dream and VERY experienced. The relationship became very sexual very quickly. Willie made it very clear that sex was a necessary part of the relationship, and even as Pat was thinking about how to say "NO," they had intercourse. Pat was swept away with the excitement of being with Willie. But when the summer was over, Willie made it clear that their romance was over. He had other plans back at college.

Pat returned home, confused, guilty, and unable to tell Steve anything about the summer romance. A week later Willie called to say that an old sexual partner had tested positive for HIV. Willie said he was going to get a test for HIV and he thought Pat should get one, too. Pat didn't know what to do, and waited a week for some symptoms. When none appeared, Pat decided that everything was probably okay.

Meanwhile, Pat and Steve resumed their relationship and Pat realized that love for Steve was real. When Pat and Steve began to move towards intercourse, Pat said they'd better use condoms. Steve refused — absolutely. Condoms were for people who slept around! Pat tried to persuade him, but couldn't change his mind. Pat didn't know what reason to give for using condoms — without telling Steve about the summer romance.

Pat tried to talk with Mom, and told her that a friend was worried about being infected with HIV. Mom said, "That's exactly what happens with all these kids having sex these days!" Pat decided to drop the conversation.

And in health class they were due for some lessons on AIDS, but the teacher was not very comfortable talking about sex. Furthermore, he thought that all this teaching about "safer sex" really gives young people permission to go ahead and do it! Somehow, he used up the 8 weeks of health teaching about the dangers of drugs and alcohol.

Finally, Pat gave in. Pat and Steve had intercourse without using a condom for protection.

Form groups of three. Tell students, Discuss your feeling about these five characters with the group. Rank their behavior from 1-5. Number (1) would be the person who behaved most responsibly, down to number (5) the person whose behavior was least responsible from your point of view. (Explain the difference between responsible behavior and responsibility, meaning culpability.) Point out that we do not know Pat's gender from the story. Ask if it makes any difference if Pat is male or female. Ask students to give reasons for their judgments on all characters. Everyone doesn't have to agree.

___Pat

___Willie

___Steve

___Mother

___The Health Ed teacher

When students are done ranking, allow two or three volunteers to summarize their group discussion. Then ask each group to rewrite this story so that the characters behave more responsibly. Ask each group to give the rewritten story a new title (like Speak Up for Safer Sex). Solicit the reading of rewrites, with brief discussion.

Homework: Ask class to describe and evaluate this lesson, and to underline irregular verbs in the past tense in the reading. The instructor may wish to review difference between past tense forms of regular and irregular verbs before asking students to underline irregular verbs.

Adapted from *Teaching Safer Sex*, Brick, *et al.* 1989

D. Needle Exchange Programs

These two selections that follow recently appeared in the *New York Times*, the first as an editorial and the second as a letter to the editor.

Taken together, they are well suited for work with more advanced ESL students and can be presented at the end of Lesson 4 or 5. Ask the class to read them for homework and decide which of these conflicting arguments is more persuasive, and why. Ask the class to write a letter to an elected official supporting or opposing needle exchange.

CLEAN NEEDLES SLOW AIDS

Researchers in New York City have found the most persuasive evidence yet that providing clean needles to drug addicts can slow the spread of HIV. The results, though preliminary, strengthen the case for needle exchange programs, not only in New York but in all cities with injecting drug users at risk of infection with HIV. Such programs are banned in some states and only allowed as an experiment in New York.

The logic behind needle exchanges has always seemed plausible. In many cities, addicts who inject drugs have been devastated by AIDS, largely because HIV can be spread from person to person through the sharing of needles and syringes. One way to slow this spread, the reasoning goes, is to give addicts clean needles in exchange for used ones that could be contaminated. The addicts may remain hooked on their drugs, but at least they are less likely to spread HIV.

However, it has been a long, slow struggle to prove that such needle exchanges would really work.

Previous studies have shown that needle exchanges reduce the sharing of dirty equipment, cut the percentage of equipment that is contaminated and cut the infection rate for some diseases that are spread through shared needles. But no study has previously measured a significant decline in HIV infections among drug addicts that is attributable to needle exchanges.

That is why the latest findings from the first two years of a three year study of needle exchanges in New York City seem especially encouraging. The city has some 200,000 injecting drug addicts, of whom perhaps half are infected with HIV. More than 26,000 of the injecting addicts are enrolled in five needle exchange programs run by community groups. The two year evaluation, led by researchers at Beth Israel Medical Center, covered some 2,500 of these enrollees.

The most striking finding was a low HIV infection rate among needle exchange participants. Only 1 to 2 percent of those enrolled in the program became infected with HIV each year, compared with 4 to 5 percent of those not enrolled.

Equally important, the study found no evidence that needle exchanges increased the rate of drug injecting by participants or attracted newcomers to take up drug injecting—two of the chief fears that have stirred opposition to needle exchanges in many communities.

One explanation for the lower rate of infection among participants may be that they are more highly motivated than other addicts to avoid risky behavior; that is why they went to the needle exchanges in the first place.

But surely the provision of clean needles and the added motivational support provided by the programs' staff members and counselors played a major role. Once in the program, participants greatly reduced their use of rented or borrowed syringes.

The researchers believe regular participation in exchange programs can cut the risk of infection in half. If their early findings are confirmed, states everywhere should add needle exchanges to the arsenal of weapons deployed against HIV and AIDS.

NEEDLE EXCHANGES DESTROY NEIGHBORHOODS

To the Editor:

Re your Nov. 26 front page article, "On the decrease in human immune deficiency virus infection among addicts in New York's needle exchange programs."

Ever since the Lower East Side Harm Reduction Center, a needle exchange program, began operating in a storefront in a residential population of working poor, our community has witnessed drug abuse not seen since Operation Pressure Point cleared the area of drugs in the 1980's. Needle exchange is a link in a chain called "one stop shopping." You can receive your government sponsored clean needles (there is no limit to the number), rob and steal to get money for drugs (or sell your clean needles), buy cocaine in storefronts or heroin on any corner, then leave behind a pool of blood, dirty syringes, glassine bags, alcohol swabs and bottle caps: the debris of depraved indifference.

The needle exchange program has legitimized drug use on the Lower East Side and by its tacit approval has invited a population of predators into our community. Statistics on the spread of AIDS cannot be the only criteria for measuring the success of the program.

N.S., New York, Dec. 1, 1994 (The writer is a member of Community Board 3.)

New York Times, 12/6/94

discuss

E. HIV Risk Behavior Questionnaire

Would you please take a few minutes to answer the questions below. Your answers will help us to educate the community more effectively to avoid this disease.

Which of the following increases a person's chances of getting AIDS?

PLEASE CHECK EACH CORRECT ANSWER.

(Associated with sex)

a) ☐ Having sexual intercourse with someone who was exposed to HIV 5 years ago, but who looks and feels healthy and has never shown any sign of the illness

b) ☐ Having sexual intercourse with someone who has HIV

c) ☐ Massaging someone who has HIV or AIDS

d) ☐ Hugging someone who has HIV or AIDS

e) ☐ Kissing someone who has HIV or AIDS

f) ☐ Properly using latex condoms with spermicide

g) ☐ Using a condom with oil or Vaseline instead of a water-based lubricant

h) ☐ Using the same condom twice

i) ☐ Unprotected oral sex

j) ☐ Unprotected vaginal sex

k) ☐ Unprotrected anal sex

l) ☐ Having many sexual partners

(Associated with drugs and use of needles)

m) ☐ Using alcohol, crack, marijuana, or other drugs that affect good judgment

n) ☐ Sharing needles for injecting drugs

o) ☐ Sharing needles for injecting steroids or vitamins or for ear or body piercing or tattooing

p) ☐ Sharing a needle that has been cleaned with water

q) ☐ Sharing a needle that has been properly cleaned with bleach or alcohol

(Associated with other modes of transmission)

r) ☐ Receiving a blood transfusion today

s) ☐ Being born to or breastfed by an infected mother

t) ☐ Being born to a mother whose husband was exposed to HIV 5 years ago, but who looks and feels healthy and has never shown any sign of the illness

F. Reduce the Risk

1. Abstain from sex.

2. Have "outercourse" instead of intercourse.

3. Stay with one partner for life who is not infected and who does not use injecting drugs, and who only stays with you.

4. Openly discuss with a partner the possibility of HIV infection. Listen for clues of past or present risk behaviors.

5. Avoid having more than one sex partner. The more sex partners a person has, the greater the chance of contracting HIV.

6. Avoid contact with a partner's blood, semen, or vaginal secretions with proper use of latex condoms every time you have sexual intercourse.

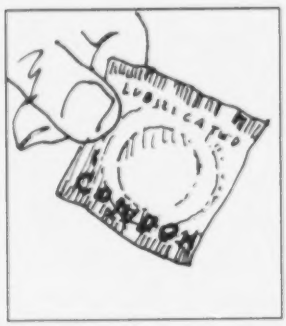
7. Avoid sharing needles or other sharp piercing instruments for drug injecting, tattooing, piercing or acupuncture unless they are sterilized.

8. Avoid using alcohol, crack, marijuana or other drugs that impair judgment.

9. Get the HIV test if you think you (or your partner) might have ever been exposed to HIV infection. If you have been infected, the free, confidential test will tell you so that you can get the treatment to help you stay healthy longer. If you are pregnant or planning to have a baby, your treatment can protect your baby. (Put the telephone number for counseling and testing information on the board; ask everyone to copy it in their notebooks for use in a later assignment.)

G. How to Use a Condom

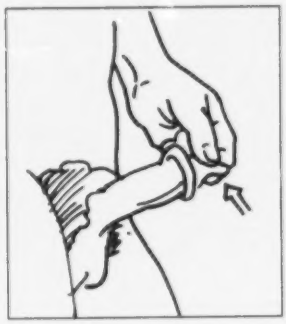
- **Condoms are highly effective in preventing the transmission of HIV and other Sexually Transmitted Diseases (STDs).**
- **Condoms can greatly reduce a person's risk of getting or giving STDs, including HIV infection. HIV is the virus that causes AIDS.**
- **But for condoms to provide maximum protection, they must be used *consistently and correctly.***
- **Consistent use means using a condom from start to finish EVERY time you have sex.**



1.

TO CORRECTLY USE A CONDOM:

1. Use a new condom each time you have sex — whether vaginal, anal or oral.


2.

2. Put the condom on after the penis is erect and before any sexual contact. Hold the tip of the condom to squeeze out the air.

3. The rolled rim of the condom should be on the outside. Leave space at the tip of the condom for semen, but make sure that no air is trapped in the condom's tip.

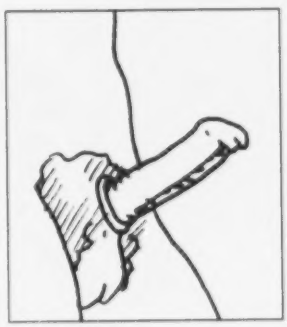
4. Unroll the condom all the way down the erect penis.

4.

5. If additional lubrication is needed, lubricate the outside of the condom if it is not pre-lubricated. Use only water-based lubricants. You can purchase a lubricant at any pharmacy. Your pharmacist can tell you which lubricants are water-based.

   Oil-based lubricants, such as petroleum jelly, cold cream, hand lotion, cooking oil or baby oil weaken the condom and should not be used.

6. The penis should be withdrawn while it is still erect. Hold the condom firmly to keep it from slipping off.


6.

7. Throw the used condom away in the trash. **Never re-use a condom.**

8. If the condom breaks during sex, the penis should be withdrawn and a new condom put on.

Always keep condoms handy, but store them in a cool, dry place that is out of direct sunlight. Do not use a condom after its expiration date or if it has been damaged in any way.

Adapted from New York State Health Department.

H. A Failure In Communication, Role Play

SITUATION:

You and your boyfriend (girlfriend) have been going out for a while. From the beginning you touched and kissed a lot. On his (her) birthday, you are alone and feel very close. You begin kissing and touching and feeling excited. Your boyfriend (girlfriend) wants to have sex with you, but you want to tell him (her) that you are not ready.

FRIEND: Why are you stopping now?

YOU: Wait. I'm not sure that I'm ready.

FRIEND: It isn't my birthday every day, you know.

YOU: Yeah, I know.

FRIEND: There's no reason to wait. It will mean even more now. What's the difference, now or later?

YOU: Well, I'm not sure.

FRIEND: I thought this was what we both wanted.

YOU: Do you love me?

FRIEND: Yes, and sex is part of love.

YOU: I guess you're right.

(They stop talking and go back to kissing—this direction should only be read).

What happened? Make a list of things the character "You" might do or say differently to be effective and get what s he wants. Everyone should understand that the failure of "You" in the role play was a failure to **clearly and firmly say No.**

I. The 4 Ways to Say No

1) Say **No.**

(No thank you. No, I don't want to.) There is no substitute for saying No!

2) Repeat No as often as is necessary.

3) Use Body Language that says No.

a) Serious facial expression that shows you mean No

b) Hands up, hands out gesture that says Stop.

c) If everything else fails, use your strength to push away and say Stop.

4) Suggest alternatives that can build the relationship.

(Let's go to a movie. Let's go for a walk. Let's make dinner together.)

J. The "Lines"/ Your Responses

Imagine that you and a romantic friend are together and the Friend says some of the things written below to try to persuade you, even though you don't want to, to have sexual intercourse or to have unprotected intercourse. Put a check next to the responses that you think are good; put two checks next to the responses you think are even better; and put a star next to the one response you think is the best.

FRIEND: You would if you loved me (or)

If you love me, you'll do it with me (or)

But I love you!

YOU: If you love me, you'll respect my decision. (or)

If you love me, you'll help me wait.

FRIEND: Everybody is doing it.

YOU: I'm somebody, and I'm not doing it (or)

50% of U.S. teenagers, 17 and younger, have not yet had sexual intercourse—they're not doing it.

FRIEND: What's your problem?

YOU: I think we should wait. There's nothing wrong with that.

FRIEND: If you won't do it, I'll find somebody who will.

YOU: I'm sorry I don't mean more to you than that.

CONDOM SENSE

FRIEND: But I love you!

YOU: If you love me, respect my health (or)

Condoms protect, love doesn't (or)

It's so sexy when a man cares (or)

Do it for me.

FRIEND: I'm not gay and I don't shoot drugs. You won't catch AIDS from me.

YOU: You don't have to be gay or shoot drugs. More than half the people in the world with the HIV virus are married women.

FRIEND:	Do I look sick?
YOU:	Most people who have HIV look and feel healthy and don't know that they have the virus.
FRIEND:	It takes too long.
YOU:	You'll be turning me on every second (or)
	I love it when you take your time (or)
	What's the rush? (or)
	I'll wait.
FRIEND:	Just this once.
YOU:	It only takes once (or)
	Only kids make decisions like that (or)
	This isn't up for debate (or)
	No way.
FRIEND:	It doesn't feel good.
YOU:	AIDS feels worse (or)
	I'd feel better (or)
	When I feel safer I go wild (or)
	Just wait.
FRIEND:	It spoils the mood.
YOU:	It puts me in the mood (or)
	So does worrying (or)
	Not if I help (or)
	We could always go to a movie.

Adapted from New York State Department of Health publications.

K. Plan Ahead Role Play Worksheet

SITUATION:

John and Chris started dating recently and have begun to feel more close physically, but have not had sexual intercourse. Neither is sure about the lifestyle of the other before they began dating. Chris believes that they will become more sexually involved and is worried about being exposed to HIV. Chris wants to talk about AIDS virus prevention, but does not know how. Chris needs practice. So do we. Create one or two different examples of what Chris might say to John:

1. What could Chris say to get the conversation started? That is, how could Chris begin to express her his concerns about possible exposure to HIV? What might John say?

CHRIS:

JOHN:

CHRIS

JOHN:

2. One option that Chris has is to not have sexual intercourse with John. What can Chris say to John if Chris does not want intercourse even though John does? What might John say?

CHRIS:

JOHN:

CHRIS:

JOHN:

3. Another option for Chris is to insist that John wear a condom if they have intercourse. What can Chris say? What might John say?

CHRIS:

JOHN:

CHRIS:

JOHN:

4. What can Chris say in asking John if he has been exposed to HIV through high-risk sexual or drug-using behavior? What might John say?

CHRIS:

JOHN:

CHRIS:

JOHN:

5. What can Chris say if John insists that there is no chance that he has been exposed to HIV and that there is no need to worry? What might John say?

CHRIS:

JOHN:

CHRIS:

JOHN:

Adapted from E. Saunders, J. De Maio, D. Fonte, *AIDS Instructional Guide for Teachers*, New Jersey Department of Health and Education.

L. Rara and Meredith

For Rara and Meredith Blank, after-school activities mean more than school clubs, team sports, and part-time jobs. That's because Meredith, 15, and her sister Rara, 16, are volunteers at the Teen AIDS Hotline in Rockville, Maryland. The hotline provides callers with facts and counseling about AIDS.

The hotline volunteers, mainly teenagers and young adults, answer several thousand calls a month. "Some nights," Rara says, "the phones just don't stop ringing." Most of the calls come from people in their 20s. "Most of the callers are people who think they have AIDS," Meredith says. A lot of the teenagers who call ask if you can get it from kissing." [Scientists consider this highly unlikely.]

The saddest phone calls come from people who have just discovered that they have AIDS. "The first time it happened, I was shocked," Meredith recalls. "The person was really upset and he needed somebody to talk to. He was angry too." Hotline volunteers usually refer these callers to a counseling service.

The sisters decided to work at the hotline to fulfill a community service requirement at their school. And once they started, they didn't want to stop. Rara says, "With the hotline, you can educate yourself and everyone you come in contact with."

The two sisters' training included a seminar about AIDS, as well as practice sessions in which volunteers ask each other possible questions. They also keep up with the most recent scientific articles on AIDS, which are available at the center. "Since we've been working here, I am always reminding my friends of the dangers of AIDS," Meredith says. "It's kind of a joke among us, but it's important to hear the advice coming from other kids your age."

Even with the warnings, Meredith and Rara say some of their friends still take chances with their health. "A lot of people just say 'I don't think it's going to happen to me,'" Meredith warns. "What young people have to realize is that it's not who you are. It's how you choose to protect yourself."

Meredith and Rara believe they are making a difference. "This is one case where young people can help save lives," says Rara.

Adapted from Alex Wohl, Washington, DC, for Scholastic Update

M. How To Clean Injecting Drug Works

FOLLOW ALL 3 STEPS
BEFORE AND AFTER USE:

STEP 1. CLEAN WATER

Fill syringe to the top and empty it
at least 3 times.

Shaking and tapping the syringe when it's full of bleach or water is good.

STEP 2. STRAIGHT BLEACH

Fill syringe to the top and empty it
at least 3 times.

The longer the bleach or water is in the syringe to the top, the better.

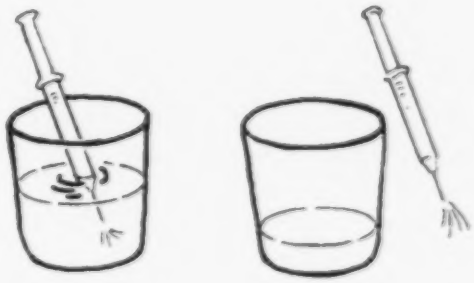
Leave the bleach in the syringe and count slowly to 30.

When bleach is used, water must be used before injecting.

STEP 3. CLEAN WATER

Fill syringe to the top and empty it
at least 3 times.

Don't share cotton, cookers, water or other equipment or drug mixtures.



THE MORE YOU DO, THE BETTER.

DOING *SOME* CLEANING IS BETTER THAN DOING *NO* CLEANING.

This "Agreement" form is distributed at the end of the final AIDS education lesson. You should read it and understand the different options. If you do not wish to sign it now, please keep it for possible use in the future.

Agreement

Three options for a Safer and Healthier Sexual Life ...

Choose the option which will protect you the best.

1. **Abstinence** will be the easiest and safest protection against HIV for some individuals. For many individuals abstinence fits best into a person's belief about what is right or wrong for that individual to do. There are other ways of being closer with a partner if a person chooses abstinence.

Name(s)_____ Date _____

2. **Absolute monogamy** between partners is safe for those who engage in sexual intimacy or plan to, assuming that neither is currently infected with HIV. For some individuals it may be important to be tested for infection prior to having intimate sexual contact. Neither individual can have intercourse outside of this relationship if monogamy is to protect the two individuals from being infected. Neither individual can share needles, or use needles which were shared.

Name(s)_____ Date _____

3. **Consistent use of condoms** is the best form of protection for individuals having intercourse who are not in a monogamous relationship or for couples beginning a new monogamous relationship. Condoms may break and are not 100% effective against spreading infection.

Name(s)_____ Date _____

For everyone about to become involved in an intimate sexual relationship:

In order to protect and take care of myself

I promise to have the courage to ask a new partner about his or her past sexual history before engaging in sexual intercourse.

I will also act responsibly and will disclose anything in my own history which may place him or her at risk.

Name(s)_____ Date _____

Appendix II
TESOL Resolution

TO PROMOTE AIDS EDUCATION
THROUGH CONTENT-BASED ESOL INSTRUCTION

WHEREAS the number of AIDS cases is rapidly increasing worldwide and

WHEREAS the public health educational effort has been unable to control the rate of increase in AIDS throughout the world and

WHEREAS language minority people in all risk categories in countries where English is the dominant language are less well-informed about, and therefore more vulnerable to, AIDS, because of their linguistic and economic remove from mainstream AIDS education programs and

WHEREAS education is presently the only defense against HIV infection and

WHEREAS integration of AIDS education into the ESOL curriculum can enhance our students' language learning experience by providing them content-rich language instruction essential to the preservation of their health and the health of their communities and

WHEREAS TESOL has formed, within its Sociopolitical Concerns Committee, a subcommittee on AIDS Education, whose work includes identifying, producing, and disseminating effective AIDS education materials and strategies, and working with the TESOL membership and with other professional organizations and agencies to further AIDS prevention education among ESOL students and their communities;

BE IT RESOLVED BY THE LEGISLATIVE ASSEMBLY OF TESOL THAT

1) TESOL promote AIDS prevention instruction aimed at ESOL students, their parents, and other adolescents and adults, particularly in communities with high concentrations of people with AIDS;

2) TESOL promote the integration of this instruction into the ESOL curriculum; and

3) TESOL collaborate with other organizations and agencies to advance these goals.

adopted 3/5/92

Appendix III
Resource List

AIDS EDUCATION, HEALTH, AND SUPPORT SERVICE PROVIDERS

(listed alphabetically, by country)

ORGANIZATION:
Parents Family and Friends of Lesbians and Gays Western Australia Chapter
6105 Australia
PHONE: (61 9) 769 1684
FOREIGN PHONE:
61 9 367 1604

ORGANIZATION:
Australian AIDS Memorial Quilt, Limited Quilt Project
New S. Wales 2010
Australia
FOREIGN PHONE:
61 2 360 9422

ORGANIZATION:
Gamma Project
14A Churchill St.
Mont Albert
Victoria, Australia
FOREIGN PHONE:
03 890 1008

ORGANIZATION:
Quilt Project
Victoria
Trades Hall
54 Victoria St., Rm. 57
Arts Workshop
South Carleton
Victoria 8053 Australia
FOREIGN PHONE:
61 3 663 2517

ORGANIZATION:
AIDS Council of New South Wales
188 Goulburn St.
Sydney
New South Wales 2010
Australia
TTY/TDD PHONE:
(002) 2852088
FOREIGN PHONE:
022855222

ORGANIZATION:
Het AIDS Team vzw
Brugstraat 16 bus 1
Antwerpen 6 B2060
FOREIGN PHONE:
32 3 226 3646

ORGANIZATION:
Commission of the European Communities
Rue de la Loi 200
Brussels 1049 Belgium
FOREIGN PHONE:
32 22 351 111

ORGANIZATION:
European Union AIDS Task Force
Rue de Geneve, 10
Bte 7, 4e etage
Brussels 1140 Belgium
FOREIGN PHONE:
32 22 454 300

ORGANIZATION:
ACT TOGETHER
BP 54 1040 Bruxelles
Etterbeek 1
Bruxelles, Belgium
FOREIGN PHONE:
32 2 280 02 02

ORGANIZATION:
Aide Info SIDA
Rue de Haerne 42 B
Bruxelles 1040
Belgium
FOREIGN PHONE:
02 627 75 11

ORGANIZATION:
NAMES Project-Brussels
94 Bosweg
Wezembeek Oppem
B1970 Belgium
FOREIGN PHONE:
32 2 751 4085

ORGANIZATION:
Samaritan Ministries Bahamas
Bahamas
PHONE: (809) 324 2453
OTHER PHONE:
(809) 322 2509 FAX

ORGANIZATION:
Projecto Tereza
12° Rua Visconde de Piraja
Ipanema, Rio de Janeiro
22410001 Brazil
PHONE: *No main phone available*

ORGANIZATION:
Grupo de Apoio a Prevencao da AIDS
Rua Luiz Afonso, 234
Porto Alegre
RS 90050 Brazil
FOREIGN PHONE:
05 12 216 365

ORGANIZATION:
NOMES Projecto Fundos do Parques Infantil Leonor M. de Barros
Cep 11060 Santos SP
Praca Fernandes
Brazil
FOREIGN PHONE:
55 132 39 60 60

ORGANIZATION:
Nucleo de Estudos de Pesquisas em Atencao do Uso de Drogas
Rua Fonseca Teles,
#121 - 40 andar
CEP 20940 Sao Cristovao
Rio de Janeiro, Brazil
PHONE: *No main phone available*

ORGANIZATION:
Secretaria De Saude Do Estado Da Bahia
Central Administrativo
Sesab 2 Andar
Salvador, Brazil
OTHER PHONE:
(071) 2324247
FOREIGN PHONE:
071 237 8944

ORGANIZATION:
AntiAIDS Bulgarian Society
J. Sakazov St., #52
Sofia 1504 Bulgaria
OTHER PHONE:
(359) 287 1623 FAX
FOREIGN PHONE:
35 92 44 2191

ORGANIZATION:
Canadian Public Health Association National AIDS Clearinghouse
1565 Carling Ave.,
Ste. 400
Ottawa, Ontario
K1Z 8R1 Canada
PHONE NUMBER:
(613) 725 3769
FAX: (613) 725 9826

ORGANIZATION:
Southdown
1335 St. John's Side Rd. E.
RR #2
Aurora, Ontario
L4G 3G8 Canada
PHONE: (905) 727 4214
OTHER PHONE:
(905) 727 4214 FAX

ORGANIZATION:
AIDS Calgary Awareness Association
1021 10th Ave. SW.
Ste. 300
Calgary, Alberta
T2R 0B7 Canada
PHONE: (403) 228 0198
OTHER PHONE:
(403) 229 2077 Fax

ORGANIZATION:
Alberta Community and Occupational Health
10105 109th St., 4th Fl.
Edmonton
Alberta T5J 1M8
Canada
PHONE: (403) 427 2850
TOLLFREE PHONE:
(800) 772 AIDS Alberta only

ORGANIZATION:
Feather of Hope Aboriginal AIDS Prevention Society
11456 Jasper Ave.
Edmonton
Alberta T5K 0M1
Canada
PHONE: (403) 488 5775
OTHER PHONE:
(403) 488 3735

ORGANIZATION:
New Brunswick Department of Health and Community Services Health Promotion and Disease Prevention AIDS New Brunswick
Carleton Pl.
Fredericton
New Brunswick
E3B 5G8 Canada
PHONE: (506) 455 8092
OTHER PHONE:
(506) 453 2726 Fax

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ORGANIZATION
SIDA Nouveau Brunswick / AIDS New Brunswick
65 Brunswick St.
Fredericton
New Brunswick
E3B 1G5 Canada
PHONE: (506) 459-7518
TOLL FREE PHONE:
(800) 561-4009
Information
OTHER PHONE:
(506) 459-5782 Fax

ORGANIZATION
AIDS Committee of Guelph and Wellington County
78 Delhi St., Ste. 202
Guelph, Ontario
N1E 6L9 Canada
PHONE: (519) 763-2255

ORGANIZATION
People With AIDS Coalition of Nova Scotia
2093 Gottingen St.
Halifax, Nova Scotia
B3K 3B2 Canada
PHONE: (902) 429-7922
OTHER PHONE:
(902) 422-6200 FAX

ORGANIZATION
Hamilton AIDS Network for Dialogue and Support
145 James St., S.
Ste. 900
Hamilton, Ontario
L8P 3A1 Canada
PHONE: (416) 528-0584
OTHER PHONE:
(416) 528-6511 FAX

ORGANIZATION
Kelowna and Area AIDS Resources Education and Support Society
435-2389 Highway 97 N.
Box 154
Kelowna, BC V1X 4H9
Canada
PHONE: (604) 862-2437

ORGANIZATION
Kingston AIDS Project
113 Johnson St.
Kingston, Ontario
K7L 4V6 Canada
PHONE: (613) 545-8698
OTHER PHONE:
(613) 546-0981 FAX
ORGANIZATION
Parents Family Friends of Lesbians and Gays Kingston Chapter
Ontario K7L 5J6
Canada
PHONE: (613) 546-0267
FOREIGN PHONE:
613 546-0267

ORGANIZATION
AIDS Committee of Cambridge, Kitchener, Waterloo and Area
123 Duke St. E.
Kitchener
Ontario N2H 1A4
Canada
PHONE: (519) 570-3687
OTHER PHONE:
(519) 570-4034 FAX

ORGANIZATION
AIDS Community Care Montreal
251 St. Jacques W.,
Ste. 800
Montreal
Quebec PQ H2Y 1M6
Canada
PHONE: (514) 287-3551
OTHER PHONE:
(514) 843-5147
Medication Fund
FAX: (514) 844-3228

ORGANIZATION
Centre for AIDS Services of Montreal
1168 St. Catherine St. W.
Ste. 202
Montreal, Quebec
H3B 1K1 Canada
PHONE: (514) 954-0170
OTHER PHONE:
(514) 954-4855 FAX

ORGANIZATION
Groupe Haitien pour la Prevention du SIDA
8000 Jeune Ave.
Montreal, Quebec
H1Z 2V9 Canada
PHONE: (514) 722-5055
PHONE: (514) 874-7674
TOLL FREE PHONE:
(800) 363-0263 Canada only
FAX: (514) 874-1020

ORGANIZATION
AIDS Committee of North Bay and Area
240 Algonquin Ave.,
Ste. 202
North Bay, Ontario
P1B 8J1 Canada
PHONE: (705) 497-3560
TOLL FREE PHONE:
(800) 668-2347
Ontario AIDS Hotline
OTHER PHONE:
(800) 267-7432 Ontario AIDS Hotline (French)

ORGANIZATION
Positive Youth Outreach
899 Church St., 2nd Fl.
Ontario
Ontario M4Y 2C9
Canada
PHONE: (416) 506-1400
OTHER PHONE:
(416) 506-1404 FAX

ORGANIZATION
AIDS Committee Durham
78 Simcoe St., N.
Oshawa
Ontario L1G 4S2
Canada
PHONE: (905) 725-8201
OTHER PHONE:
(905) 725-5541 FAX

ORGANIZATION
Health and Welfare Canada
801 Elgin St.
Ottawa
Ontario K1A 0L2
Canada
PHONE: (613) 957-1803

ORGANIZATION
Parksville Educational AIDS Society
BC V9P 2G7
Canada
PHONE: (604) 248-1171

ORGANIZATION
Peterborough AIDS Resource Network
512 George St. N.
Ste. 202
Peterborough
Ontario K9J 7H7
Canada
PHONE: (705) 740-9110
TOLL FREE PHONE:
(800) 361-2895
OTHER PHONE:
(705) 749-6310 FAX

ORGANIZATION
AIDS Regina, Incorporated
2257 Smith St.
Regina
Saskatchewan S4P 2P5
Canada
PHONE: (306) 924-8420
OTHER PHONE:
(306) 525-0930 Fax

ORGANIZATION
AIDS Saint John
115 Hazen St.
Saint John
New Brunswick
E2L 3L3 Canada
PHONE: (506) 652-2437
OTHER PHONE:
(506) 652-2438 Fax

ORGANIZATION
AIDS Saskatoon
809220 3rd Ave., S.
Saskatoon
Saskatchewan S7K 4E3
Canada
PHONE: (306) 242-5005
TOLLFREE PHONE:
(800) 667-6878
Information
OTHER PHONE:
(306) 244-2134 Fax
PHONE: (306) 373-7766

ORGANIZATION
AIDS Committee of Niagara
541 Glenridge Ave.
St. Catherines, Ontario
L2R 6B5 Canada
PHONE: (905) 984-8684

ORGANIZATION
Newfoundland and Labrador AIDS Association
69 Hayward Ave.
St. John's
Newfoundland
A1C 5K8 Canada
PHONE: (709) 579-8650
TOLL FREE PHONE:
(800) 563-1575
Newfoundland and Labrador only

ORGANIZATION
AIDS Committee of Toronto
399 Church St., 4th Fl.
Toronto, Ontario
M5Y 2L4 Canada
PHONE: (416) 340-2437
TTY TDD PHONE:
(416) 340-8122
OTHER PHONE:
(416) 340-8224 Fax

ORGANIZATION
Alliance for South Asian AIDS Prevention
399 Church St., 3rd Fl.
Toronto, Ontario
M5B 2J6 Canada
PHONE: (416) 351-0131
OTHER PHONE:
(416) 351-8994 FAX

ORGANIZATION
Black Coalition for AIDS Prevention
597 Parliament St.
Ste. 103
Toronto, Ontario
M4X 1W3 Canada
PHONE: (416) 926-0122
OTHER PHONE:
(416) 926-0281 FAX

ORGANIZATION
Gay Asians of Toronto Gay Asian AIDS Project
17 St. Joseph St.
Ste. 212
Toronto
Ontario M4Y 1J8
Canada
PHONE: (416) 963-4500

ORGANIZATION
Street Outreach Services
622 Yonge St., 2nd Fl.
Toronto, Ontario
M4Y 1Z8 Canada
PHONE: (416) 920-0744
OTHER PHONE
(416) 926-9552 FAX

ORGANIZATION
Toronto People With AIDS Foundation
464 Yonge St.
Ste. 201B
Toronto, Ontario
M4Y 1X8 Canada
PHONE: (416) 506-1400

ORGANIZATION
Toronto Prostitutes' Community Service Project Prostitutes' Safe Sex Project
Ontario M4Y 2T8
Canada
PHONE: (416) 964-0150
FAX: (416) 964-9653

ORGANIZATION
Voices of Positive Women
Ontario M6J 3P5
Canada
PHONE: (416) 324-8703
FAX: (416) 324-9701

ORGANIZATION
Aboriginal AIDS Project Healing Our Spirit
2553 E. 6th Ave.
Vancouver
BC V5M 1R1 Canada
PHONE: (604) 879-0000

ORGANIZATION
British Columbia Ministry of Health Centre for Disease Control Division of
STD Control
828 W. 10th Ave.
Vancouver, BC V5Z 1L8
Canada
PHONE: (604) 660-6172
OTHER PHONE
(604) 775-0808 FAX

ORGANIZATION
Persons With AIDS Society of British Columbia
1107 Seymour St.
Vancouver
BC V6B 5S8 Canada
PHONE: (604) 893-2250
OTHER PHONE
(604) 893-2251 FAX

ORGANIZATION
Vancouver Island AIDS Society
804-733 Johnson St.
Ste. 804
Victoria, BC V8W 3C7
Canada
PHONE: (604) 3842366
TOLL FREE PHONE
(800) 6652437 BC Wide
FAX: (604) 3809411

ORGANIZATION
Victoria AIDS Respite Care Society
620 View St., Ste. 609
Victoria
BC V8W 1J6 Canada
PHONE: (604) 388-6220
OTHER PHONE
(604) 388-0711 FAX

ORGANIZATION
Victoria Needle Exchange
609 Johnson St.
Victoria, BC V8W 1M5
Canada
PHONE: (609) 384-1545

ORGANIZATION
Yukon AIDS Program Skookum Jim Friendship Centre
5159 Third Ave.
Whitehorse, Yukon
Y1A 1G1 Canada
PHONE: (403) 633-2457
OTHER PHONE
(403) 668-4460 FAX

ORGANIZATION
AIDS Committee of Windsor
2000 Wyandotte St.
Windsor, Ontario
N8Y 1R8 Canada
PHONE: (519) 973-0222
TTY-TDD PHONE
(519) 973-0268
TOLL FREE PHONE
(800) 265-4858
from Essex, Kent, and Lambton
OTHER PHONE
(519) 973-7389 Fax

ORGANIZATION
Body Positive Coalition of Manitoba
c/o Village Clinic
668 Corydon Ave.
Winnipeg, Manitoba
R3M 0X7 Canada
PHONE: (204) 452-7704
OTHER PHONE
(204) 453-5214 FAX

ORGANIZATION
Village Clinic Winnipeg Gay Community Health Centre
668 Corydon Ave.
Winnipeg, Manitoba
R3M 0X7 Canada
PHONE: (204) 453-0045
OTHER PHONE
(204) 4555214 Fax

ORGANIZATION
North West Territories Department of Health AIDS Program
Box 1320
Yellowknife
N.W. Territory X1A
2R3 Canada
PHONE: (403) 920-3522
OTHER PHONE
(403) 873-7706

ORGANIZATION
Centro de Educacion y Prevencion en Salud Social
Freire 264, Of. 4
Casilla 3440
Concepcion, Chile
FOREIGN PHONE
56 41 233 298

ORGANIZATION
Corporacion Chilena de Prevencion del SIDA
Casilla 85, Correo 5
Santiago, Chile
FOREIGN PHONE
56 2 22 25 255

ORGANIZATION
Colombian Red Cross
Apartado AERO 1110
Bogota
Colombia
PHONE: No main phone available

ORGANIZATION
Spolecnost AIDS Pomoc
14700
Czechoslovakia
PHONE: No main phone available

ORGANIZATION
Navneprojektet
HivHuset, Skindlegade 26
Copenhagen K
DK1159
Denmark
FOREIGN PHONE
45 33 325 861

ORGANIZATION
HIV Denmark
Vingaardsstrede 22, 4tv
DK1070
Copenhagen K
Denmark
OTHER PHONE
(45) 391 5004 FAX
FOREIGN PHONE
011 45 33 325 808

ORGANIZATION
Centro de Orientacion e Investigacion Integral
Arzobispo Merino
Bldg. 505
Santo Domingo
Dominican Republic
PHONE: No main phone available

ORGANIZATION
Patronato de Lucha Contra el SIDA Incorporado
Pimentel, Bldg. #54
San Carlos
Santo Domingo, Zona 1
Dominican Republic
FOREIGN PHONE
687 2545
FAX (809) 682-9927

ORGANIZATION
Irish Names Quilt Avoca House
189/193 Parnell St.
EIR Dublin
F75018 Ireland
FOREIGN PHONE
355 1 733 799

ORGANIZATION
Fundacion Nacional de Prevencion Educacion y Control del Paciente VIH/SIDA
25 Calle Poniente
#1155
Colonia Layco
San Salvador
El Salvador
FOREIGN PHONE
011 260 864

ORGANIZATION
Association for the Rights and Duties of HIV Positive and AIDS Victims
Chateau de La Mothe
SaintCezert
31530
Grenadesur Gar
31530
France
FOREIGN PHONE
61 82 67 47

ORGANIZATION
Crois Rouge Francais Comite de Coordination des ONG pour la lutte Contre
le SIDA dans les pays en voie de developpement
1 Place Henry Dunant
Paris 75008
France
PHONE No main phone available

ORGANIZATION
Le Patchwork des Noms France
7 Rue de la Guadeloupe
Paris
F75018
France
FOREIGN PHONE
33 1 42 057 255

ORGANIZATION
Inter Med Assistance
B P 281
75010 Paris
CEDEX 75010
France
FOREIGN PHONE 33 1 42 39 28 88

ORGANIZATION
Association Pour les Appartements de Relais Therapeutique et Social
45 Rue Rebeval
Escalier C Entresol
75019 Paris
France
FOREIGN PHONE 33 1 42 45 24 24

ORGANIZATION
Les Seropositifs au service des Seropositifs
B P 280
75865 Paris
CEDEX 18
France
FOREIGN PHONE
33 1 40 06 00 04

ORGANIZATION
German Society for Technical Cooperation Health, Population, and Nutrition
Division
Dag Hammarskjold Weg 1
Postfach 5180
Eschborn
D65 726
Germany
FOREIGN PHONE
0 61 96 7 90

ORGANIZATION
Max von Pettenkofer Institute, Department of Hygiene and Medical Microbiology, Germany Collaborating Centre on AIDS
World Health Organization Collaborating Centre on AIDS
Pettenkoferstrasse 9 A
Munich 2 D8000
Germany
OTHER PHONE
(089) 538 0584 Fax
FOREIGN PHONE
089 5160 5200

ORGANIZATION
Hellenic Association for the Study and Control of AIDS
115 21
Greece
FOREIGN PHONE
30 1 646 7475

ORGANIZATION
Asociasion Solidaridad
Apartado Postal 1636
6a Avenida 1455 zona 1
Oficina 301
Guatemala
Guatemala
FOREIGN PHONE
502 2 81561

ORGANIZATION
Commission Nationale de Lutte Anti SIDA Ministere de la Sante Publique et de la Population
Division d'Hygiene Familiale
Delmas 19
PortauPrince Haiti
PHONE No main phone available

ORGANIZATION
AIDS Concern Hong Kong
5 Lok Man Rd
Ste 17B Block F
Chai Wan
Hong Kong
FOREIGN PHONE
(852) 898 4411

ORGANIZATION
Hong Kong AIDS Foundation
5 F Shaukeiwan Jockey Club Clinic
Shaukeiwan
Hong Kong
FOREIGN PHONE
852 894 8528
FAX (852) 560 4154

ORGANIZATION
National Institute of Virology India World Health Organization Collaborating Centre on AIDS
20A Dr Ambedkar Rd
Pune
411 001 India
PHONE No main phone available

ORGANIZATION
Israel AIDS Task Force Project HaShemot
128 Alenbi St
P O Box 33002
Tel Aviv Israel
FOREIGN PHONE
(972) 3 566 1693

ORGANIZATION
Associazione Solidarieta AIDS
Via Panzeri 11
Milano 20136
Italy
FOREIGN PHONE
39 2 581 07084

ORGANIZATION
Memorial Quilt Japan
2828 Chikko
Minatoku
Osaka 552
Japan
FOREIGN PHONE
81 6 572 6085

ORGANIZATION
Robert A. Mayer Medical Center
Reading
Lusaka
PHONE No main phone available
TOLL FREE PHONE
(800) 767 HEAL

ORGANIZATION
Association of People with AIDS in Kenya
Kenya
FOREIGN PHONE
605 420 1

ORGANIZATION
Women Fighting AIDS in Kenya
Kenya
Kenya
FOREIGN PHONE
254 2 212 366
FAX (254) 271 8513

ORGANIZATION
Companeros en Ayuda Voluntaria Educativa Ave de Mexico
Republicas 192
Col Portales
Dist Federale CP 03300
Mexico
FOREIGN PHONE
254 271 8513

ORGANIZATION
Solidaridad y Vida, A.C.
Pajaro Azul #96
Col Ben Juare
Cd Nezahualcot
Mexico
FOREIGN PHONE
530 27 71

ORGANIZATION
Sociedad y SIDA
Queretaro 219 G
Colonia Roma
Mexico City
Distrito Federa 06700
Mexico
FOREIGN PHONE
52 5 564 3580

ORGANIZATION
Planned Parenthood Federation of Nigeria
Lagos
PMB 12567
Nigeria
PHONE No main phone available

ORGANIZATION
Gemeentelijke Geneeskundige and Gezondheidsdient Drug Department
1000 HE
Netherlands
FOREIGN PHONE
(31) 020 555 5850

ORGANIZATION
HIV Vereniging Nederland
Postbus 15847
Amsterdam
NL1001
Netherlands
FOREIGN PHONE
31 20 664 4076

ORGANIZATION
Municipal Health Service Drug Department Methadone Clinic for Prostitutes
and Foreigners
Netherlands 1000 HE
Netherlands
FOREIGN PHONE
31 20 55 55 50

ORGANIZATION
Het Mamio Namen Projekt Nationaal AIDS Programma
Rode Kruislaan 22
Paramaribo
Suriname
FOREIGN PHONE
597 498 248

ORGANIZATION
New Zealand Quilt Project
New Zealand
OREIGN PHONE
64 9 838 6490

ORGANIZATION
Parents Family and Friends of Lesbians and Gays Christchurch Chapter
New Zealand
PHONE (0)3) 546 0267
FOREIGN PHONE
643 699 452

ORGANIZATION
VIA LIBRE Association
Jr Paraguay 478
Lima 1 Peru
SPANISH PHONE (511) 398 7967
OTHER PHONE
(511) 430 8681 FAX
FOREIGN PHONE
51 14 33 1396

ORGANIZATION
Associacao de Apoio aos Doentes com SIDA
Trav. do Corpo Santo 3234
Lisboa 1200 Portugal
FOREIGN PHONE
34 25208

ORGANIZATION
Associacao do Planeamento da Familia
Rua Artilharia UM 58 2º DR
Lisboa 1200 Portugal
FOREIGN PHONE
65 39 93

ORGANIZATION
Associacao de Direitos e Deveres de Positivos e Portadores de SIDA
Quinta das Lapas
Monte Redondo
Torres Vedras
2560 Portugal
PHONE No main phone available

ORGANIZATION
Russian NAMES Fund
21 Bolshevistskaya St
Apt. 15
Moscow Russia
FOREIGN PHONE (7)(0) 95 252 33 10

ORGANIZATION
Asociata Romana AntiSIDA
Romania
FOREIGN PHONE (40) 1 688 2759

ORGANIZATION
Parents Family and Friends of Lesbians and Gays South Africa Chapter
48106 South Africa
FOREIGN PHONE
03 128 2739

ORGANIZATION
AIDS Support and Education Trust NAMES Project South AFrica
11 Mountain Rd
South Africa
FOREIGN PHONE
(27) 21 22 1960

ORGANIZATION
Associacio SIDA Studi
Balmes, 68 6 4
Barcelona 08007
Spain
FOREIGN PHONE
341 3 487 34 90

ORGANIZATION
Noah's Ark Red Cross Foundation
Drottninggatan 61
Stockholm S111 21
Sweden
FOREIGN PHONE
46 8 23 5000

ORGANIZATION
International Federation of Red Cross and Red Crescent Societies
17, Chemin des Crets
Petit-Saconnex
1211Switzerland
FOREIGN PHONE
022 730 42 22

ORGANIZATION
Swiss AIDS Foundation NAMES Project Schweiz
c/o Aide suisse contre le sida
Konradstrasse 20
Zurich
8005 Switzerland
FOREIGN PHONE (41) 1 273 4242
FAX (41) 1 273 4262

ORGANIZATION
Community Action Resource
55 Murray St
Woodbrook P.O.S
Trinidad & Tobago
PHONE (809) 6281338
OTHER PHONE (809) 6222792 FAX number

ORGANIZATION
Hotline HIV Organization of Thailand
90/269
Viphawadeerungsit
20 Rd
Chatuchak
Bangkok 10900
Thailand
OTHER PHONE (662) 2758854 FAX number
FOREIGN PHONE
662 276 2950

ORGANIZATION
Project NAAM Chewit
Concrete House
57/60 Tivanont Rd
Nonthburi
Bangkok 11000
Thailand
FOREIGN PHONE
(662) 526 8311

ORGANIZATION
Traditional Medicine Unit Nansio Office
Bumai
Tanzania
FOREIGN PHONE
255 068

ORGANIZATION
AIDS Support Organisation
Plot 21 Kitante Rd
Kampala
Uganda
FOREIGN PHONE
(256) 41 530 038

ORGANIZATION
AIDS Support Organisation Masaka Office
Uganda
PHONE No main phone available

ORGANIZATION
Coventry Youth Action on HIV
c/o The HIV Network
12 Park Rd
Coventry
Coventry CV1 2LD
United Kingdom
FOREIGN PHONE
44 20 522 9292

ORGANIZATION
AIDS AHEAD
c/o BDA Health Promotion Syces
Unit 17, Macon Ct.
Herald Dr
Crewe
Cheshire CW1 1EA
United Kingdom
FOREIGN PHONE
(0270) 250 756

ORGANIZATION
Scottish AIDS Monitor National Office
61a Broughton St
Edinburg
United Kingdom
PHONE No main phone available

ORGANIZATION
Scottish AIDS Monitor Glasgow Office
22 Woodside Terr
Glasgow
G3 7XB
United Kingdom
FOREIGN PHONE
44 41 353 31 33

ORGANIZATION
Men Who Have Sex With Men Action in the Community Leicester Black MESMAC
Department of Sociology
University of Keele
Keele
Staffordshire ST5 5GB
United Kingdom
FOREIGN PHONE
0533 855 955

ORGANIZATION
AIDS Care, Education and Training
SW15 2BQ
United Kingdom
FOREIGN PHONE
0818 407 879

ORGANIZATION
Black HIV/AIDS Network
BM BHAN
London
WC1N 3XX
United Kingdom
FOREIGN PHONE
0817 429223

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ORGANIZATION
International Planned Parenthood Federation AIDS Prevention Unit
Regent's College
Inner Circle
Regent's Park
London
NW1 4LQ
United Kingdom
FOREIGN PHONE
44-71-4800741
OTHER PHONE
0481-563-0205
Punjabi, Urdu, and Turkish

ORGANIZATION
Positively Women
5 Sabastian St.
London
EC1V OHE
United Kingdom
OTHER PHONE
0171-4905501
FOREIGN PHONE
071-490-5515

United States Centers for Disease Control National AIDS Clearinghouse
PO Box 6003
Rockville, MD
20849-6003
(800) 458-5231

CDC National AIDS Hotline
(800) 342-AIDS

(state hotlines within the United States)

Alabama AIDS Hotline
(800) 2280469 AL only.
State HIV / AIDS Hotline
Mon-Fri., 8am5pm
Hotline hours: Mon-Fri., 8am5pm

Alaskan AIDS Assistance Association Alaskan HIV / AIDS Hotline
(907) 2764880
(800) 478-2437 AK only.
State HIV / AIDS Hotline Mon-Fri. 9am-5pm
Hotline hours
Mon-Sun., 24 hours

Arizona AIDS Hotline
(602) 2342752
State HIV / AIDS Hotline
(800) 3523792
Nationwide. State HIV/AIDS Hotline
Mon-Fri.,
8:30am-5:30pm

Arkansas AIDS Hotline
(800) 3642437 State HIV / AIDS Hotline.
Available in AR only.
Mon-Fri., 8am-4:30pm

San Francisco AIDS Foundation
Northern California Trilingual AIDS Hotline
(415) 863-2437
Philippino
(800) 345-AIDS
(800) 367-2437
No. California only.
State HIV/AIDS Hotline
(800) 367-2437
No. California only.
State HIV/AIDS Hotline
Mon.-Fri., 9am-6pm
Hotline hours: Mon.-Fri., 9am-9pm; Sat.-Sun., 11am-5pm
Spanish hotline hours: Mon.-Fri., 9am-9pm; Sat.-Sun., 11am-5pm
TDD-TTY hotline
Hours: Mon-Fri., 9am-9pm; Sat-Sun., 11am-5pm
Filipino hotline hours: Mon.-Fri., 9am-9pm.

Southern California HIV/AIDS Hotline
(213) 876-2437
State HIV/AIDS Hotline
(So. CA only)
(800) 9222437 So. CA only. State HIV / AIDS Hotline
(800) 400SIDA
Mon.-Sun., 9am-10pm
Hotline hours: Mon.-Fri., 9am-9pm; Sat.-Sun., 9am-5pm
TDD-TYY hotline hours: Mon.-Fri., 9am-9pm; Sat.-Sun., 9am-5pm

Colorado Department of Health AIDS Education and Training Program
Colorado AIDS Hotline
(303) 7825186 Hotline for callers in Denver.
(800) 2522437
Available in CO only.
State HIV / AIDS Hotline
Mon-Fri., 8:30am-5pm
TTY and Hotline
24 hours

Connecticut Department of Public Health and Addiction Services
(800) 203-1234 State HIV/AIDS Hotline
Mon.-Fri., 9am-7pm

Delaware AIDS Hotline
(800) 422-0429 DE only. State HIV/AIDS Hotline
Mon-Thurs., 10am-10pm; Fri., 10am-7pm

District of Columbia AIDS Information Line
(202) 332-2437 State HIV/AIDS Hotline
Mon-Fri., 9am-6pm
Hotline hours: Mon.-Fri., 10am-9pm; Sat., Sun., 10am-5pm

Florida AIDS / HIV Hotline
(800) 352AIDS
State HIV/AIDS Hotline, FL only
(800) 2437101 FL only. Haitian Creole. State HIV / AIDS Hotline
(800) 545SIDA FL only
Hotline hours:
Mon-Sun., 9am11pm
Spanish Hotline hours:
Mon-Fri., 2pm-9pm;
Sat., 9am-2pm
Haitian Creole Hotline hours: Mon.-Fri., 5:30pm-11pm;
Sat., 9am-2:30pm
TDD-TTY: Mon.-Sun., 9am-11pm

Georgia Information Line
(404) 8769944
(800) 5512728 GA only. State HIV / AIDS Hotline
Mon.-Fri., 9am-9pm;
Sat.-Sun., 9am-5pm
Hotline hours: Mon.-Fri., 9am-9pm; Sat.-Sun., 9am-5pm. Spanish hotline hours: Mon.-Fri., 9am-9pm;
Sat.-Sun., 9am-5pm
TDD-TTY hotline hours
Mon.-Fri., 9am-9pm;
Sat.-Sun., 9am-5pm.

Hawaii STD / AIDS Hotline
(808) 9221313 State HIV / AIDS Hotline
(800) 321-1555 HI only.
State HIV/AIDS Hotline
Mon.-Thurs., 9am-8pm;
Fri.-Sat., 9am-4pm

Idaho AIDS Foundation Hotline
(208) 3452277 ID only
State HIV / AIDS Hotline
(800) 6772437 ID only.
State HIV/AIDS Hotline
Mon.-Fri., 5:30pm-9:30pm

Illinois AIDS Hotline
(800) 2452437 IL only.
State HIV/AIDS Hotline
(800) 2452437 IL only.
State HIV/AIDS Hotline
Mon.-Sun., 10am-10pm
Hotline hours:
Mon-Sun., 10am-10pm
Spanish hotline hours:
Mon-Sun., 10am-10pm
TDD-TTY hotline hours: Mon.-Sun., 10am1-0pm

Indiana Department of Health
Division of HIV / STD
(800) 8482437 IN only.
State HIV/AIDS Hotline

Iowa Statewide AIDS Hotline
(800) 4452437 IA only.
State HIV/AIDS Hotline
(800) 4452437 IA only.
State HIV/AIDS Hotline
Mon.-Fri., 8am-4:30pm
Hotline hours:
Mon.-Sun., 24 hours

Louisiana AIDS Hotline
(504) 944-2437 State HIV / AIDS Hotline
(800) 99AIDS9 State HIV / AIDS Hotline
Nationwide
Mon-Fri.,
8:30amopm Hotline hours: Daily, 10am-10pm. Spanish hotline hours: Tues., 6pm-8pm; Sun., 2pm-4pm
TDD-TTY hotline hours: Mon.-Fri., 12 noon-12 midnight

AIDS Project Maine AIDS Hotline
(800) 7751267 Hotline outside ME
(800) 8512437
ME only. State HIV/AIDS Hotline
Mon., and Wed., 9am7:30pm; Tues., Thurs Sat., 9am-5pm
Hotline hours:
Mon.and Wed., 9am-7:30pm; Tues., Thurs-Sat., 9am-5pm

Maryland AIDS Hotline
(410) 945-2437
Baltimore area only
800-322-7432 VA metro DC
(800) 638-6252 MD only. State HIV/AIDS Hotline. Bilingual
(301) 949-0045
Hispanic AIDS Hotline
Mon.-Fri., 9am-12 midnight. Hotline hours
Mon-Fri., 9am-12 midnight
TDD-TTY hotline hours: Mon.-Fri., 9am-12 midnight

Massachusetts AIDS Hotline / AIDS Action Hotline
AIDS Action Committee
(617) 536-7733 MA only. State HIV/AIDS Hotline
(800) 235-2331 MA only. State HIV/AIDS Hotline
Mon.-Fri., 9am-9pm; Sat., 10am-4pm; Sun., 12 noon-4pm

Michigan AIDS Hotline
(800) 872-2437 MI only. State HIV/AIDS Hotline
(800) 826-SIDA
Mon.-Fri., 9am-9pm; Sat.-Sun., 12 noon-6pm
Hotline hours: Mon.-Fri., 9am-12 midnight; Sat.-Sun., 9am-9pm
Spanish hotline hours: Mon.-Fri., 10am-6pm
TDD/TTY hotline hours: Mon.-Fri., 9am-12 midnight; Sat.-Sun., 9am-9pm
Healthcare Workers hotline hours: Mon.-Fri., 9am-5pm

Minnesota AIDS Project
Minnesota AIDS Line
(612) 8700700
(800) 2482437 MN only. State HIV/AIDS Hotline
Mon-Fri., 9am-10pm; Sat., 9am-5pm

Mississippi AIDS Hotline
(800) 826-2961 MS only. State HIV/AIDS Hotline
(800) 826-2961 MS only. State HIV/AIDS Hotline
7 days, 7am-10pm

Missouri Department of Health
Missouri AIDS Information Line
(800) 533-2437
Nationwide. State HIV/AIDS Hotline
(800) 533-2437
Nationwide. State HIV/AIDS Hotline
Mon.-Fri., 8am-5pm
Hotline hours:
Mon.-Fri., 8am-5pm

Montana Department of HESAP
Montana AIDS Program
(800) 233-6668 MT only. State HIV/AIDS Hotline 24 hours

Nebraska AIDS Project
Nebraska AIDS Hotline
(800) 782-2437
Nationwide.
State HIV/AIDS Hotline
Mon.-Fri., 9am-5pm, and 6pm-11pm; Sun., 6pm-11pm. Hotline hours
Mon.-Fri., 9am-5pm, and 6pm-11pm; Sat.-Sun., 6pm-11pm
Spanish hotline hours:
Mon.-Fri., 9am-5pm

Nevada AIDS Information Line
(800) 842-2437 NV only. State HIV/AIDS Hotline
(800) 842-2437 NV only. State HIV/AIDS Hotline
Mon.-Fri., 8am-5pm

New Hampshire AIDS Hotline
(800) 752-2437 NH only. State HIV/AIDS Hotline
(800) 752-2437 NH only. State HIV/AIDS Hotline
Mon-Fri., 9am-5pm
Hotline hours
Mon.-Fri., 8am-4:30pm

New Jersey AIDS Hotline
(800) 624-2377 NJ only. State HIV/AIDS Hotline
(800) 624-2377 NJ only. State HIV/AIDS Hotline
Office: Mon.-Fri., 8:30am-4:30pm. Hotline Hours: 24 hours a day
Spanish hotline hours 24 hours a day
TDD/TTY hotline hours: 24 hours a day

New Mexico AIDS Hotline
(800) 545-2437 NM only. State HIV/AIDS Hotline
(800) 545-2437 NM only. State HIV/AIDS Hotline
Mon.-Fri., 8am-5pm

New York State AIDS/HIV Hotlines
(800) 872-2777 NY only - counseling
(800) 541-2437 NY only tape system. State HIV/AIDS Hotline
(800) 233-SIDA
(in Albany)
English Speaking Hotline hours: Mon.-Fri., 8am-9pm; Sat.-Sun., 10am-6pm
HIV counseling hours: Mon.-Fri., 4pm-8pm; Sat.-Sun., 10am-6pm

North Dakota AIDS Hotline
(701) 224-2576
(800) 472-2180 ND only. State HIV/AIDS Hotline
Mon.-Fri., 8am-5pm

Columbus AIDS Task Force
Ohio AIDS Hotline
(800) 332-2437 OH only. State HIV/AIDS Hotline
(800) 332-2437 OH only. State HIV/AIDS Hotline
Mon-Fri., 8am-6pm; Sat & Sun., 9am-6pm
Hotline hours: Mon.-Fri., 9am-9pm; Sat.-Sun., 9am-6pm. TDD/TTY hotline hours: Mon.-Fri., 9am-9pm; Sat.-Sun., 9am-6pm

Cascade AIDS Project
Oregon AIDS Hotline
(503) 223-2437 State HIV/AIDS Hotline
Voice and TTY
(800) 777-2437
Available in area codes 503, 206, and 208
Mon-Fri., 10am9pm
Sat-Sun., 12 noon-6pm
Hotline hours: Mon.-Fri., 10am-9pm; Sat.-Sun., 12 noon-6pm. Spanish hotline hours: Wed.-Thurs., 6pm-8pm
TDD/TTY hotline hours: Mon.-Fri., 10am-9pm; Sat.-Sun., 12 noon-6pm

Pennsylvania Department of Health
(800) 662-6080
PA only. State HIV/AIDS Hotline
(800) 662-6080 PA only. State HIV/AIDS Hotline
Office: Mon-Fri., 8am-4:30pm. 800 number 24 hours

Linea de Infor SIDA y Enfermedades de Transmision Sexual
Centro Latinoamericano de Enfermedades de Transmision
Centro Medico
Puerto Rico Department of Health
(800) 765-1010
(800) 981-5721 PR only. State HIV/AIDS Hotline
Mon-Fri., 7am-11pm

Rhode Island Project AIDS Hotline
(800) 726-3010
Nationwide.
State HIV/AIDS Hotline
(800) 726-3010
Nationwide. State HIV/AIDS Hotline
Mon.-Fri., 9am-8pm

South Carolina Department of Health and Environmental Control
HIV/AIDS Division
SC HIV/AIDS Hotline
(800) 322-2437 SC only. State HIV/AIDS Hotline
(800) 322-2437 SC only. State HIV/AIDS Hotline
Mon-Fri., 8am-8pm
Hotline hours: Mon.-Fri., 8am-8pm

South Dakota AIDS Hotline
(800) 592-1861 SD only. State HIV/AIDS Hotline
(800) 592-1861 SD only. State HIV/AIDS Hotline
Mon.-Fri., 8am-5pm

Tennessee AIDS Hotline
Tennessee HIV/AIDS Program
(800) 525-AIDS TN only. State HIV/AIDS Hotline
(800) 525-2437 TN only. State HIV/AIDS Hotline
Mon-Fri., 8am-4:30pm
Hotline Hours: Mon.-Fri., 8am-4:30pm

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Texas Department of Health
Public Health Promotion
Texas AIDSLINE
(800) 299-2437 TX only.
State HIV/AIDS Hotline
(800) 299-2437 TX only.
State HIV/AIDS Hotline
Educational taped messages 24 hrs.
TTY hotline: Mon.-Fri., 8am-12pm, 1pm-5pm. Office: Mon.-Fri., 8am-12pm, 1pm-5pm. Hotline (AIDSLINE) hours: Mon.-Fri., 8am-5pm. Spanish hotline hours: Mon.-Fri., 8am-5pm. TDD/TTY Hotline hours: 8am-5pm.

Virgin Islands AIDS Hotline
Mon.-Fri., 9am-5pm.

Utah AIDS Foundation
AIDS Information Hotline
(801) 487-2100
(800) 366-2437 UT only. State HIV/AIDS Hotline
Mon.-Fri., 8am-5pm. Hotline hours: Mon.-Fri., 10am-8:30pm, Sat., 10am-2pm.

Vermont Department of Health
(800) 882-2437 VT only. State HIV/AIDS Hotline
(800) 882AIDS VT only. State HIV/AIDS Hotline
Mon.-Fri., 8am-4:30pm.

Virginia Department of Health
Virginia STD/AIDS Hotline
(804) 371-7455
(800) 533-4148 VA only. State HIV/AIDS Hotline
(800) 322-7432 VA only. Hispanic AIDS Hotline
Mon.-Fri., 8:30am-5pm. Hotline hours: Mon.-Fri., 8am-7pm. TDD/TTY Hotline Hours: Mon.-Fri., 8am-7pm.

Washington HIV/AIDS Hotline
(800) 272-2437 WA only. State HIV/AIDS Hotline
(800) 272-AIDS WA only. State HIV/AIDS Hotline
Mon.-Fri., 8am-5pm.

West Virginia Office of Health and Human Resources
West Virginia AIDS Hotline
AIDS Program
(800) 642-8244 WV only. State HIV/AIDS Hotline
(800) 642-8244 WV only. State HIV/AIDS Hotline
Mon.-Fri., 8:30am-4:30pm. Hotline Hours: Mon.-Fri., 8:30am-4:30pm.

Wisconsin AIDS Hotline
(414) 273-2437 State HIV/AIDS Hotline
(800) 334-2437 WI only. State HIV/AIDS Hotline
Mon.-Thurs., 9am-9pm. Fri., 9am-5:30pm. Spanish available Tues. and Thurs., 3pm-6pm.

Wyoming AIDS Hotline
(800) 327-3577 Nationwide. State HIV/AIDS Hotline
(800) 327-3577 Nationwide. State HIV/AIDS Hotline
24 hours.

ORGANIZATION
Resurrexit
Final Calle Urape al lado de Instituto Urologico
Caracas 1011A
Venezuela
FOREIGN PHONE
91 10 70

ORGANIZATION
Scripture Union AID for AIDS
45 Heyman Rd.
Bulawayo
Zimbabwe
FOREIGN PHONE
71555

ORGANIZATION
National Association of AIDS Orphans
15 Badbab Rd.,
Lochinvar
PO Southerton
Harare
Zimbabwe
FOREIGN PHONE
263-4-146176

ORGANIZATION
Salvation Army Harare Office
45 Josiah Chinamano
Harare
Zimbabwe
FOREIGN PHONE
736 666
FAX 0111-726 658

ORGANIZATION
Women and AIDS Support Network
Stemar House, Rm. 203
132 Harare St. and Speeke Ave.
Harare
Zimbabwe
PHONE No main phone available